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# Wisconsin Home Health Agency Directory

2004

October 2005

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*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

**Suggested citation:**

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, *Wisconsin Home Health Agency Directory, 2004* (PPH 5378-04). October 2005.

## FOREWORD

Chapter 50.49, Wisconsin Statutes, authorizes and directs the Department of Health and Family Services (DHFS) to develop rules for the licensure of all home health agencies serving Wisconsin residents (Wisconsin Administrative Code, HFS 133, Home Health Agencies). These rules include requirements for reporting information on home health agencies to DHFS through the submittal of licensure application forms provided by the Department. The survey form is attached to the annual report. The Bureau of Health Information and Policy, DHFS, compiles the survey data for use by the Department and others.

The agency profiles presented in this directory are based on survey data collected for the 2004 calendar year. The annual report, to which the survey was attached, is for the period June 1, 2005 through May 31, 2006. The Bureau of Health Information and Policy would like to thank the home health agencies for their participation in the annual surveys.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Kitty Klement, research analyst, and Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the supervision of Judith Nugent, chief of the Health Care Information Section. Susan Wood, Director, Bureau of Health Information and Policy, provided overall direction.

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All publications produced by the Bureau of Health Information and Policy can be found online, at <http://dhfs.wisconsin.gov/stats>.

To obtain a printed copy of this directory, please send a \$25.00 check (made payable to the Division of Public Health), along with a note requesting the 2004 Home Health Agency Directory, to the following address:

Division of Public Health  
Bureau of Health Information and Policy  
ATTN: Sue Smith  
P. O. Box 2659  
Madison, WI 53701-2659



## TABLE OF CONTENTS

FOREWORD .....	iii
----------------	-----

INTRODUCTION .....	vii
--------------------	-----

### HOME HEALTH AGENCY PROFILES

A. Wisconsin Agencies .....	1
-----------------------------	---

B. Out-of-State Agencies .....	131
--------------------------------	-----

C. State of Wisconsin Totals .....	148
------------------------------------	-----

### INDICES OF HOME HEALTH AGENCY PROFILES

A. By County .....	151
--------------------	-----

B. By City .....	155
------------------	-----

C. Alphabetically by Agency Name .....	159
--	-----

D. By License Number .....	163
----------------------------	-----



## INTRODUCTION

Home health agencies have been an integral part of the Wisconsin health care delivery system since the early 1960s. The Wisconsin Annual Survey of Home Health Agencies was begun in 1984 to systematically collect information about the characteristics of home health agencies and the patients they served. The purpose of the survey is to generate information useful to various programs in the Department of Health and Family Services, home health agency administrators, public and private health care professionals, and other interested citizens.

This directory presents data for the 147 home health agencies that submitted an application for an annual report for 2004. Agency profiles include detailed information about individual home health agencies for 2004. The agency profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all agencies statewide by county, city, name of agency, and license number assigned to each agency by the Bureau of Quality Assurance, Division of Disability and Elder Services.

Data contained in each profile are agency-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for agencies with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data were not provided by the agency.

The following information is presented for each agency:

1. Identifying information, including agency name, address, city, zip code, county, telephone number and license number.
2. Agency characteristics, such as type of ownership, certification for Medicare (Title 18) and Medicaid (Title 19), any affiliation with a hospital, and counties served by the agency.
3. Agency utilization measures, including the number of patients, visits and visits per patient by type of service.
4. Profiles of the percentage of patients served during the year, by patients' age, sex, reimbursement source and primary diagnosis. The profiles of the percentage of patients by age, sex and primary diagnosis describe an unduplicated count of patients served during calendar year 2004. The profile by reimbursement source is based on the agency's last completed fiscal year and describes a duplicated count of patients.
5. Revenue and expenses for the agency's last completed fiscal year.
6. The percentage of admissions by referral source and the discharge status or care destination for patients discharged.
7. Number of full-time equivalent employees (FTEs). Staffing data does not include information about consultants or contracted staff.

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, an example is provided using data from the Hess Home Health in Mauston (Page 47 ). To calculate the number of patients served by this agency who were age 75 to 84, divide the percentage for the age group (37.7) by 100 (.377) and multiply the result by the total number of patients served during the year (154). The product (.377 x 154) is 58.058, which when rounded to 58 is the number of unduplicated patients age 75 to 84 served by this agency during the 2004 calendar year.





## **Home Health Agency Profiles**



**Moundview Memorial Hospital and Clinic**

450 East State Street

Adams WI 53910

Adams County

(608) 339-7076

**COUNTIES SERVED**

Adams

Juneau

Waushara

Wood

License Number: 139

Ownership of Agency: Nonprofit Association

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 200

**TOTAL NUMBER OF ADMISSIONS** 202**PERCENT ADMISSIONS FROM:**

Private Residences	3.5%
General Hospitals	56.9
Nursing Homes	11.4
Other	28.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 202

**PERCENT DISCHARGES TO:**

Private Residences	57.9%
General Hospitals	5.0
Nursing Homes	7.9
Deaths	2.5
Other	26.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	197	1,764	9.0
Home Health Aide	61	683	11.2
Physical Therapy	56	464	8.3
Spch/Occ/Resp Therapy	28	137	4.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	52	3,268	62.8
Other Home Health Care	2	36	18.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,352	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 64.9%
4 to 34 1.5	Medicaid 25.7
35 to 54 9.5	Other Federal 0.0
55 to 64 12.0	State Funds 0.0
65 to 74 26.5	Private Insurance 9.4
75 to 84 34.0	Self Pay 0.0
85 & over 16.5	Other 0.0
	TOTAL PATIENTS 245
Males 39.0% Females 61.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 2.0	Genitourinary Sys. 3.5
Diabetes 8.5	Preg. & Childbirth 0.0
Diseases of Blood 2.0	Arthropathies 3.0
Dementia/Alzheimers 0.5	Osteopathies 0.0
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 1.5	Ill-Defined Cond. 3.0
Paralysis/CP 0.5	Fractures 2.5
Cardiovascular 13.0	Wounds, Burns 1.5
Stroke 3.0	Compl. of Surgery 1.5
Respiratory 10.5	Other Conditions 42.0

REVENUE	
Billings \$	418,699
Disallowances	-10,332
Collections	429,031
Other	0
Total	429,031

EXPENSES	
Total \$	485,287

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.1
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.4
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	10.0

**Bay Area Health, LLC**

1601 Beaser Avenue  
Ashland WI 54806

Ashland County

**COUNTIES SERVED**

Ashland  
Bayfield  
Iron

(715) 682-9500

License Number: 251  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 276

**TOTAL NUMBER OF ADMISSIONS** 176

**PERCENT ADMISSIONS FROM:**

Private Residences	47.7%
General Hospitals	29.5
Nursing Homes	22.2
Other	0.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 161

**PERCENT DISCHARGES TO:**

Private Residences	45.3%
General Hospitals	29.8
Nursing Homes	7.5
Deaths	8.1
Other	9.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	144	2,111	14.7
Home Health Aide	24	621	25.9
Physical Therapy	8	62	7.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	262	28,446	108.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	176	31,471	178.8
TOTAL	XXXXXXX	62,711	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.4%	Medicare 16.1%
4 to 34 7.6	Medicaid 60.5
35 to 54 16.3	Other Federal 0.0
55 to 64 14.1	State Funds 0.0
65 to 74 13.8	Private Insurance 7.0
75 to 84 23.2	Self Pay 15.0
85 & over 24.6	Other 1.4
	TOTAL PATIENTS 286
Males 38.8% Females 61.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 2.5%
Cancer 2.5	Genitourinary Sys. 2.9
Diabetes 3.3	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 7.2
Dementia/Alzheimers 6.2	Osteopathies 1.4
Psychoses/Neuroses 7.6	Perinatal Period 0.4
Central Nervous Sys. 2.2	Ill-Defined Cond. 10.5
Paralysis/CP 2.2	Fractures 3.3
Cardiovascular 8.3	Wounds, Burns 5.1
Stroke 5.4	Compl. of Surgery 0.0
Respiratory 3.3	Other Conditions 23.9

**REVENUE**

Billings	\$ 2,524,558
Disallowances	209,864
Collections	2,314,694
Other	7,124
Total	2,321,818

**EXPENSES**

Total	\$ 2,317,098
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.1
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	29.6
Homemakers	32.7
Other Staff	7.0
TOTAL FTEs	75.9

**Lakeview Medical Center**

212 South Main Street  
Rice Lake WI 54868

Barron County

(715) 236-6256

**COUNTIES SERVED**

Barron  
Polk  
Rusk  
Sawyer  
Washburn

License Number: 151  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 302

**TOTAL NUMBER OF ADMISSIONS** 289

**PERCENT ADMISSIONS FROM:**

Private Residences	3.1%
General Hospitals	76.1
Nursing Homes	13.1
Other	7.6

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 295

**PERCENT DISCHARGES TO:**

Private Residences	80.7%
General Hospitals	4.1
Nursing Homes	3.4
Deaths	3.1
Other	8.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	302	3,042	10.1
Home Health Aide	253	2,619	10.4
Physical Therapy	243	1,294	5.3
Spch/Occ/Resp Therapy	84	295	3.5
Medical Social Service	6	9	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,259	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 81.8%
4 to 34 1.7	Medicaid 3.5
35 to 54 6.0	Other Federal 0.0
55 to 64 11.6	State Funds 0.0
65 to 74 22.2	Private Insurance 12.4
75 to 84 36.4	Self Pay 0.3
85 & over 21.9	Other 2.0
	TOTAL PATIENTS 346
Males 38.4% Females 61.6 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 11.9%	Digestive Disorders 2.0%		
Cancer 5.6	Genitourinary Sys. 1.7		
Diabetes 6.6	Preg. & Childbirth 0.0		
Diseases of Blood 0.7	Arthropathies 7.9		
Dementia/Alzheimers 0.0	Osteopathies 2.3		
Psychoses/Neuroses 1.0	Perinatal Period 0.3		
Central Nervous Sys. 1.3	Ill-Defined Cond. 29.5		
Paralysis/CP 0.3	Fractures 0.3		
Cardiovascular 13.6	Wounds, Burns 0.7		
Stroke 4.0	Compl. of Surgery 1.0		
Respiratory 4.6	Other Conditions 4.6		

REVENUE	
Billings \$	838,934
Disallowances	-156,112
Collections	995,046
Other	148
Total	995,194

EXPENSES	
Total \$	862,172

**STAFFING FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	6.1
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	1.0
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTES</b>	<b>12.7</b>

**Bayfield County Health Department**

117 East 5th Street, PO Box 403

Washburn WI 54891

Bayfield County

**COUNTIES SERVED**

Bayfield

(715) 373-6109

License Number: 11

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 74

**TOTAL NUMBER OF ADMISSIONS** 72**PERCENT ADMISSIONS FROM:**

Private Residences	12.5%
General Hospitals	62.5
Nursing Homes	25.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 72

**PERCENT DISCHARGES TO:**

Private Residences	87.5%
General Hospitals	8.3
Nursing Homes	2.8
Deaths	0.0
Other	1.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	64	603	9.4
Home Health Aide	20	498	24.9
Physical Therapy	47	450	9.6
Spch/Occ/Resp Therapy	6	22	3.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,573	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 76.3%
4 to 34 0.0	Medicaid 9.2
35 to 54 13.5	Other Federal 0.0
55 to 64 9.5	State Funds 0.0
65 to 74 25.7	Private Insurance 11.8
75 to 84 32.4	Self Pay 2.6
85 & over 18.9	Other 0.0
	TOTAL PATIENTS 76
Males 51.4% Females 48.6 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.7%
Cancer 8.1	Genitourinary Sys. 1.4
Diabetes 2.7	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 6.8
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 12.2
Paralysis/CP 0.0	Fractures 4.1
Cardiovascular 10.8	Wounds, Burns 2.7
Stroke 2.7	Compl. of Surgery 13.5
Respiratory 1.4	Other Conditions 28.4

REVENUE	
Billings \$	188,214
Disallowances	40,235
Collections	147,979
Other	10
Total	147,989

EXPENSES	
Total \$	248,658

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	4.4

**Aurora VNA of Wisconsin**

931 Discovery Road  
Green Bay WI 54311

Brown County

(920) 288-5100

License Number: 1008

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of unduplicated patients in 2004 = 554

**COUNTIES SERVED**

Brown  
Burnett  
Door  
Kewaunee  
Manitowoc  
Milwaukee  
Oconto  
Outagamie  
Shawano  
Washington  
Waupaca

**TOTAL NUMBER OF ADMISSIONS** 513**PERCENT ADMISSIONS FROM:**

Private Residences 79.1%  
General Hospitals 17.9  
Nursing Homes 1.9  
Other 1.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 512

**PERCENT DISCHARGES TO:**

Private Residences 78.9%  
General Hospitals 3.3  
Nursing Homes 10.2  
Deaths 2.0  
Other 5.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	463	5,584	12.1
Home Health Aide	144	4,312	29.9
Physical Therapy	221	1,651	7.5
Spch/Occ/Resp Therapy	116	633	5.5
Medical Social Service	57	79	1.4
Private Duty Nursing	3	3	1.0
Personal Care/PC RN Supv.	86	4,366	50.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	4	168	42.0
TOTAL	XXXXXXX	16,796	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.8%	Medicare 56.0%
4 to 34 7.4	Medicaid 15.2
35 to 54 15.3	Other Federal 0.0
55 to 64 13.2	State Funds 0.0
65 to 74 17.9	Private Insurance 25.3
75 to 84 24.5	Self Pay 3.6
85 & over 15.9	Other 0.0
	TOTAL PATIENTS 554
Males 42.8% Females 57.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 4.9%
Cancer 5.4	Genitourinary Sys. 4.2
Diabetes 6.5	Preg. & Childbirth 0.2
Diseases of Blood 2.0	Arthropathies 21.5
Dementia/Alzheimers 0.5	Osteopathies 0.5
Psychoses/Neuroses 1.4	Perinatal Period 0.7
Central Nervous Sys. 1.6	Ill-Defined Cond. 5.4
Paralysis/CP 2.7	Fractures 1.6
Cardiovascular 15.2	Wounds, Burns 4.9
Stroke 0.0	Compl. of Surgery 11.4
Respiratory 5.2	Other Conditions 4.2

**REVENUE**

Billings \$	1,517,749
Disallowances	197,165
Collections	1,320,584
Other	794
Total	1,321,378

**EXPENSES**

Total \$	1,939,351
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.6
Licensed Practical Nurses	0.4
Home Health Aides	9.3
Physical Therapists	2.2
Occupational Therapists	0.5
Speech Pathologists	0.0
Respiratory Therapists	2.0
Medical Social Workers	1.0
Other Therapeutic Staff	2.2
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTEs	34.1

**Bellin Home Health Agency**  
617 South Roosevelt Street  
Green Bay WI 54301

Brown County

(920) 432-5434

License Number: 14  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 796

# **COUNTIES SERVED**

Brown  
Calumet  
Door  
Kewaunee  
Manitowoc  
Marinette  
Oconto  
Outagamie  
Shawano

**TOTAL NUMBER OF ADMISSIONS** 695

## **PERCENT ADMISSIONS FROM:**

Private Residences 37.8%  
General Hospitals 51.2  
Nursing Homes 3.9  
Other 7.1

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 676

## **PERCENT DISCHARGES TO:**

Private Residences 77.5%  
General Hospitals 3.7  
Nursing Homes 4.7  
Deaths 3.8  
Other 10.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	692	6,626	9.6
Home Health Aide	123	4,591	37.3
Physical Therapy	374	2,241	6.0
Spch/Occ/Resp Therapy	218	1,442	6.6
Medical Social Service	126	268	2.1
Private Duty Nursing	1	141	141.0
Personal Care/PC RN Supv.	14	1,172	83.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	16,481	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.7%	Medicare 65.2%
4 to 34 4.5	Medicaid 12.7
35 to 54 12.2	Other Federal 0.0
55 to 64 10.8	State Funds 0.0
65 to 74 16.1	Private Insurance 15.8
75 to 84 28.0	Self Pay 1.6
85 & over 21.7	Other 4.6
	TOTAL PATIENTS 796
Males 45.6% Females 54.4 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.9%	Digestive Disorders 1.4%		
Cancer 2.3	Genitourinary Sys. 1.4		
Diabetes 4.5	Preg. & Childbirth 0.4		
Diseases of Blood 1.1	Arthropathies 3.6		
Dementia/Alzheimers 0.8	Osteopathies 0.5		
Psychoses/Neuroses 3.0	Perinatal Period 0.4		
Central Nervous Sys. 2.1	Ill-Defined Cond. 5.7		
Paralysis/CP 1.6	Fractures 1.0		
Cardiovascular 13.6	Wounds, Burns 1.1		
Stroke 0.3	Compl. of Surgery 2.9		
Respiratory 2.9	Other Conditions 48.6		

REVENUE		
Billings \$	1,954,241	
Disallowances	202,328	
Collections	1,751,913	
Other	63,651	
Total	1,815,564	

EXPENSES		
Total \$	2,155,062	

STAFFING	FTES
Administrators	1.0
Reg. Nurse Supervisors	2.6
Registered Nurses	9.4
Licensed Practical Nurses	0.6
Home Health Aides	8.0
Physical Therapists	2.8
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.6
TOTAL FTES	29.7



**Heartland Home Health Care**

2050 Riverside Drive, 1st Floor  
Green Bay WI 54301

Brown County

(920) 436-9380

License Number: 218

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 218

**COUNTIES SERVED**

Brown  
Calumet  
Manitowoc  
Oconto  
Outagamie  
Shawano  
Waupaca  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 221**PERCENT ADMISSIONS FROM:**

Private Residences	27.1%
General Hospitals	30.8
Nursing Homes	33.5
Other	8.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 188

**PERCENT DISCHARGES TO:**

Private Residences	76.1%
General Hospitals	3.2
Nursing Homes	4.8
Deaths	2.1
Other	13.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	206	1,922	9.3
Home Health Aide	71	4,334	61.0
Physical Therapy	74	833	11.3
Spch/Occ/Resp Therapy	34	412	12.1
Medical Social Service	13	20	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	247	20.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,768	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 62.8%
4 to 34 6.4	Medicaid 9.2
35 to 54 14.2	Other Federal 0.0
55 to 64 10.1	State Funds 0.0
65 to 74 12.4	Private Insurance 21.1
75 to 84 29.4	Self Pay 6.9
85 & over 27.1	Other 0.0
	TOTAL PATIENTS 218
Males 45.0% Females 55.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.4%	Digestive Disorders 3.7%
Cancer 4.1	Genitourinary Sys. 0.9
Diabetes 4.1	Preg. & Childbirth 0.5
Diseases of Blood 0.5	Arthropathies 6.0
Dementia/Alzheimers 1.4	Osteopathies 2.3
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 2.3
Paralysis/CP 1.4	Fractures 4.6
Cardiovascular 13.8	Wounds, Burns 1.8
Stroke 1.8	Compl. of Surgery 9.6
Respiratory 5.0	Other Conditions 32.6

**REVENUE**

Billings \$	832,270
Disallowances	246,958
Collections	585,312
Other	0
Total	585,312

**EXPENSES**

Total \$	514,398
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.6
Licensed Practical Nurses	0.0
Home Health Aides	5.1
Physical Therapists	1.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	13.5

**Home Care Advantage**

120 South Webster Avenue  
Green Bay WI 54301

Brown County

**COUNTIES SERVED**

Brown

(920) 437-0496

License Number: 154

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 7

**TOTAL NUMBER OF ADMISSIONS** 0**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	100.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2	106	53.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	5	3,816	763.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	423	105.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,345	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 14.3%	Medicare 0.0%
4 to 34 57.1	Medicaid 100.0
35 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 14.3	Private Insurance 0.0
75 to 84 14.3	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 7
Males 71.4% Females 28.6 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 14.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 85.7

**REVENUE**

Billings \$	1,306,366
Disallowances	358,075
Collections	948,291
Other	0
Total	948,291

**EXPENSES**

Total \$	1,053,661
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.2
Registered Nurses	9.3
Licensed Practical Nurses	5.1
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.5
Homemakers	0.0
Other Staff	4.1
TOTAL FTEs	22.1

**Interim Healthcare of Northeastern Wisconsin**  
 2555 Continental Court, #4  
 Green Bay WI 54311                      Brown County

**COUNTIES SERVED**  
 Brown  
 Oconto  
 Outagamie

(920) 494-9444

License Number: 266  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 47

**TOTAL NUMBER OF ADMISSIONS** 14

**PERCENT ADMISSIONS FROM:**

Private Residences	28.6%
General Hospitals	7.1
Nursing Homes	14.3
Other	50.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 16

**PERCENT DISCHARGES TO:**

Private Residences	31.3%
General Hospitals	18.8
Nursing Homes	12.5
Deaths	12.5
Other	25.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	30	3,325	110.8
Home Health Aide	30	6,878	229.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	1	684	684.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	34	2,525	74.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,412	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 1.8%
4 to 34 14.9	Medicaid 68.4
35 to 54 31.9	Other Federal 1.8
55 to 64 21.3	State Funds 0.0
65 to 74 12.8	Private Insurance 5.3
75 to 84 17.0	Self Pay 3.5
85 & over 2.1	Other 19.3
	TOTAL PATIENTS 57
Males 53.2%      Females 46.8 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 4.3%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 12.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 2.1
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 8.5	Ill-Defined Cond. 6.4
Paralysis/CP 21.3	Fractures 2.1
Cardiovascular 12.8	Wounds, Burns 4.3
Stroke 4.3	Compl. of Surgery 0.0
Respiratory 2.1	Other Conditions 14.9

REVENUE	
Billings \$	980,868
Disallowances	304,867
Collections	676,001
Other	129
Total	676,130

EXPENSES	
Total \$	731,381

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.3
Registered Nurses	2.0
Licensed Practical Nurses	2.3
Home Health Aides	6.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>14.5</b>

**St. Vincent Hospital Home Health Care**

1920 South Libal Street

Green Bay WI 54301

Brown County

(920) 448-7000

License Number: 35

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 2,287

**COUNTIES SERVED**

Brown

Door

Kewaunee

Manitowoc

Oconto

Outagamie

Shawano

**TOTAL NUMBER OF ADMISSIONS** 2,539**PERCENT ADMISSIONS FROM:**

Private Residences	35.0%
General Hospitals	65.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2,416

**PERCENT DISCHARGES TO:**

Private Residences	88.7%
General Hospitals	3.0
Nursing Homes	3.0
Deaths	0.6
Other	4.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,124	14,074	6.6
Home Health Aide	89	8,424	94.7
Physical Therapy	1,098	7,670	7.0
Spch/Occ/Resp Therapy	524	4,853	9.3
Medical Social Service	199	668	3.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	148	4,372	29.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	19	1,357	71.4
TOTAL	XXXXXXX	41,418	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 40.9%	Medicare 36.1%
4 to 34 5.7	Medicaid 9.5
35 to 54 9.0	Other Federal 0.0
55 to 64 6.6	State Funds 0.0
65 to 74 8.1	Private Insurance 49.4
75 to 84 16.8	Self Pay 3.8
85 & over 12.8	Other 1.2
	TOTAL PATIENTS 2,472
Males 45.9% Females 54.1 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.8%	Digestive Disorders 1.4%		
Cancer 0.6	Genitourinary Sys. 0.0		
Diabetes 3.0	Preg. & Childbirth 0.1		
Diseases of Blood 0.7	Arthropathies 2.1		
Dementia/Alzheimers 0.0	Osteopathies 0.0		
Psychoses/Neuroses 0.2	Perinatal Period 34.9		
Central Nervous Sys. 1.8	Ill-Defined Cond. 1.3		
Paralysis/CP 0.7	Fractures 8.9		
Cardiovascular 5.4	Wounds, Burns 0.0		
Stroke 0.6	Compl. of Surgery 0.0		
Respiratory 1.0	Other Conditions 36.5		

REVENUE	
Billings \$	5,764,864
Disallowances	1,044,697
Collections	4,720,167
Other	66,774
Total	4,786,941

EXPENSES	
Total \$	4,731,660

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	6.0
Registered Nurses	11.7
Licensed Practical Nurses	0.2
Home Health Aides	5.7
Physical Therapists	6.4
Occupational Therapists	1.8
Speech Pathologists	2.5
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	2.2
Personal Care Workers	10.0
Homemakers	0.7
Other Staff	12.4
TOTAL FTES	61.0

**Burnett Co. Dept. of Health and Human Services**  
 7410 County Road K, #280  
 Siren WI 54872 Burnett County

**COUNTIES SERVED**  
 Burnett

(715) 349-7600

License Number: 41  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 103

**TOTAL NUMBER OF ADMISSIONS** 94

**PERCENT ADMISSIONS FROM:**

Private Residences	18.1%
General Hospitals	59.6
Nursing Homes	22.3
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 91

**PERCENT DISCHARGES TO:**

Private Residences	64.8%
General Hospitals	14.3
Nursing Homes	12.1
Deaths	5.5
Other	3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	103	731	7.1
Home Health Aide	47	1,166	24.8
Physical Therapy	42	131	3.1
Spch/Occ/Resp Therapy	23	73	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,101	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.9%	Medicare 55.9%
4 to 34 3.9	Medicaid 12.6
35 to 54 9.7	Other Federal 0.0
55 to 64 7.8	State Funds 0.0
65 to 74 20.4	Private Insurance 15.3
75 to 84 40.8	Self Pay 11.7
85 & over 15.5	Other 4.5
	TOTAL PATIENTS 111
Males 44.7% Females 55.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.9%	Digestive Disorders 5.8%
Cancer 4.9	Genitourinary Sys. 1.9
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 16.5
Dementia/Alzheimers 1.0	Osteopathies 2.9
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 1.9	Ill-Defined Cond. 7.8
Paralysis/CP 2.9	Fractures 8.7
Cardiovascular 7.8	Wounds, Burns 5.8
Stroke 1.9	Compl. of Surgery 1.9
Respiratory 5.8	Other Conditions 14.6

REVENUE	
Billings \$	215,610
Disallowances	53,998
Collections	161,612
Other	5,087
Total	166,699

EXPENSES	
Total \$	229,860

**STAFFING FTES**

Administrators	0.3
Reg. Nurse Supervisors	0.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.7
TOTAL FTES	3.3

**Calumet County Health Department Home Health Agency**  
 206 Court Street, Courthouse  
 Chilton WI 53014 Calumet County  
 (920) 849-1424

**COUNTIES SERVED**  
 Calumet  
 Fond du Lac  
 Manitowoc  
 Sheboygan

License Number: 42  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 163

**TOTAL NUMBER OF ADMISSIONS** 114

**PERCENT ADMISSIONS FROM:**

Private Residences	52.6%
General Hospitals	24.6
Nursing Homes	19.3
Other	3.5

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 125

**PERCENT DISCHARGES TO:**

Private Residences	64.0%
General Hospitals	20.8
Nursing Homes	8.8
Deaths	1.6
Other	4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	156	2,709	17.4
Home Health Aide	86	2,732	31.8
Physical Therapy	52	472	9.1
Spch/Occ/Resp Therapy	30	265	8.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	93	1,454	15.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,632	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 56.1%
4 to 34 0.6	Medicaid 14.5
35 to 54 4.9	Other Federal 10.7
55 to 64 4.9	State Funds 0.0
65 to 74 12.9	Private Insurance 5.1
75 to 84 31.9	Self Pay 13.6
85 & over 44.8	Other 0.0
	TOTAL PATIENTS 214
Males 41.7% Females 58.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.2%	Digestive Disorders 0.0%
Cancer 6.1	Genitourinary Sys. 2.5
Diabetes 6.1	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 9.8
Dementia/Alzheimers 2.5	Osteopathies 1.8
Psychoses/Neuroses 2.5	Perinatal Period 0.0
Central Nervous Sys. 3.1	Ill-Defined Cond. 9.2
Paralysis/CP 0.0	Fractures 9.2
Cardiovascular 18.4	Wounds, Burns 4.9
Stroke 4.3	Compl. of Surgery 0.6
Respiratory 3.7	Other Conditions 13.5

REVENUE	
Billings \$	528,710
Disallowances	22,419
Collections	506,291
Other	65,024
Total	571,315

EXPENSES	
Total \$	531,379

**STAFFING FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	3.9
Licensed Practical Nurses	0.0
Home Health Aides	3.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.5
Homemakers	0.0
Other Staff	1.5
TOTAL FTES	10.0

Chippewa County Department of Public Health  
711 North Bridge Street, Room 222  
Chippewa Falls WI 54729 Chippewa County

COUNTIES SERVED  
Chippewa

(715) 726-7900

License Number: 43  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 388

TOTAL NUMBER OF ADMISSIONS 264

PERCENT ADMISSIONS FROM:

Private Residences	61.0%
General Hospitals	20.5
Nursing Homes	15.9
Other	2.7

TOTAL NUMBER OF DISCHARGES  
(Including Deaths) 262

PERCENT DISCHARGES TO:

Private Residences	61.1%
General Hospitals	7.3
Nursing Homes	19.8
Deaths	7.6
Other	4.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	315	4,226	13.4
Home Health Aide	157	5,579	35.5
Physical Therapy	89	947	10.6
Spch/Occ/Resp Therapy	34	263	7.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	206	7,122	34.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	18,137	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 45.9%
4 to 34 1.5	Medicaid 40.0
35 to 54 11.1	Other Federal 0.0
55 to 64 6.2	State Funds 0.0
65 to 74 17.8	Private Insurance 6.2
75 to 84 32.2	Self Pay 6.8
85 & over 31.2	Other 1.0
	TOTAL PATIENTS 497
Males 36.9% Females 63.1 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 3.1%		
Cancer 0.0	Genitourinary Sys. 2.6		
Diabetes 0.0	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 26.5		
Dementia/Alzheimers 0.0	Osteopathies 0.0		
Psychoses/Neuroses 0.3	Perinatal Period 0.0		
Central Nervous Sys. 0.0	Ill-Defined Cond. 21.1		
Paralysis/CP 0.0	Fractures 0.0		
Cardiovascular 17.0	Wounds, Burns 9.8		
Stroke 0.0	Compl. of Surgery 0.0		
Respiratory 6.4	Other Conditions 13.1		

REVENUE		
Billings \$	1,453,648	
Disallowances	291,531	
Collections	1,162,117	
Other	0	
Total	1,162,117	

EXPENSES		
Total \$	1,252,368	

STAFFING FTES

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.9
Licensed Practical Nurses	0.0
Home Health Aides	5.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.5
Homemakers	0.0
Other Staff	4.5
TOTAL FTES	22.0

**St. Joseph's Hospital Home Health Agency**  
 2661 County Highway I  
 Chippewa Falls WI 54729 Chippewa County

(715) 726-3485

License Number: 158  
 Ownership of Agency: Nonprofit Church  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 590

# COUNTIES SERVED

Buffalo  
 Chippewa  
 Dunn  
 Eau Claire  
 Jackson  
 Taylor  
 Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 576

## PERCENT ADMISSIONS FROM:

Private Residences	16.5%
General Hospitals	65.6
Nursing Homes	10.8
Other	7.1

## TOTAL NUMBER OF DISCHARGES

(Including Deaths) 579

## PERCENT DISCHARGES TO:

Private Residences	76.2%
General Hospitals	1.9
Nursing Homes	9.2
Deaths	1.7
Other	11.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	487	5,099	10.5
Home Health Aide	76	1,884	24.8
Physical Therapy	260	1,853	7.1
Spch/Occ/Resp Therapy	134	503	3.8
Medical Social Service	103	159	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,498	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 65.9%
4 to 34 4.4	Medicaid 9.8
35 to 54 13.9	Other Federal 0.0
55 to 64 13.1	State Funds 0.0
65 to 74 11.5	Private Insurance 22.9
75 to 84 27.3	Self Pay 1.4
85 & over 27.6	Other 0.0
	TOTAL PATIENTS 590
Males 42.5% Females 57.5 %	

## PRIMARY DIAGNOSIS

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 1.2%
Cancer 7.6	Genitourinary Sys. 1.2
Diabetes 1.5	Preg. & Childbirth 0.2
Diseases of Blood 0.3	Arthropathies 2.2
Dementia/Alzheimers 0.3	Osteopathies 1.0
Psychoses/Neuroses 0.0	Perinatal Period 0.8
Central Nervous Sys. 1.4	Ill-Defined Cond. 2.4
Paralysis/CP 0.3	Fractures 1.2
Cardiovascular 9.7	Wounds, Burns 1.9
Stroke 1.7	Compl. of Surgery 4.2
Respiratory 8.0	Other Conditions 52.4

## REVENUE

Billings \$	1,414,546
Disallowances	189,308
Collections	1,225,238
Other	0
Total	1,225,238

## EXPENSES

Total \$	1,841,311
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## STAFFING

## FTEs

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	7.8
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	1.8
Occupational Therapists	0.3
Speech Pathologists	0.3
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.8
TOTAL FTEs	20.2



**Memorial Hospital**  
216 Sunset Place  
Neillsville WI 54456

Clark County

**COUNTIES SERVED**

Clark  
Eau Claire

(715) 743-8449

License Number: 146  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 43

**TOTAL NUMBER OF ADMISSIONS** 28

**PERCENT ADMISSIONS FROM:**

Private Residences	42.9%
General Hospitals	46.4
Nursing Homes	10.7
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 33

**PERCENT DISCHARGES TO:**

Private Residences	69.7%
General Hospitals	3.0
Nursing Homes	27.3
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	43	706	16.4
Home Health Aide	18	711	39.5
Physical Therapy	1	14	14.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,431	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 93.2%
4 to 34 0.0	Medicaid 2.3
35 to 54 4.7	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 16.3	Private Insurance 2.3
75 to 84 20.9	Self Pay 2.3
85 & over 58.1	Other 0.0
	TOTAL PATIENTS 44
Males 41.9% Females 58.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.3%
Cancer 4.7	Genitourinary Sys. 2.3
Diabetes 11.6	Preg. & Childbirth 0.0
Diseases of Blood 7.0	Arthropathies 7.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 2.3	Fractures 4.7
Cardiovascular 30.2	Wounds, Burns 16.3
Stroke 0.0	Compl. of Surgery 4.7
Respiratory 7.0	Other Conditions 0.0

REVENUE	
Billings \$	120,054
Disallowances	-30,352
Collections	150,406
Other	0
Total	150,406

EXPENSES	
Total \$	182,164

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTES	3.1

**Divine Savior Home Care**

2817 New Pinery Road, PO Box 387  
Portage WI 53901 Columbia County

(608) 745-6400

License Number: 328  
Ownership of Agency: Nonprofit Church  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 290

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Green  
Marquette  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 269

**PERCENT ADMISSIONS FROM:**

Private Residences	16.7%
General Hospitals	67.3
Nursing Homes	15.6
Other	0.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 302

**PERCENT DISCHARGES TO:**

Private Residences	80.1%
General Hospitals	3.0
Nursing Homes	3.0
Deaths	2.3
Other	11.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	290	2,150	7.4
Home Health Aide	62	442	7.1
Physical Therapy	236	1,181	5.0
Spch/Occ/Resp Therapy	228	942	4.1
Medical Social Service	3	3	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,718	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 82.4%
4 to 34 1.0	Medicaid 3.3
35 to 54 6.6	Other Federal 0.0
55 to 64 14.1	State Funds 0.0
65 to 74 18.6	Private Insurance 13.4
75 to 84 30.0	Self Pay 0.0
85 & over 29.7	Other 0.9
	TOTAL PATIENTS 335
Males 36.2% Females 63.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 2.1%
Cancer 0.7	Genitourinary Sys. 3.8
Diabetes 2.8	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 4.5
Dementia/Alzheimers 0.0	Osteopathies 1.0
Psychoses/Neuroses 0.3	Perinatal Period 0.7
Central Nervous Sys. 0.0	Ill-Defined Cond. 6.6
Paralysis/CP 0.0	Fractures 1.4
Cardiovascular 8.3	Wounds, Burns 0.7
Stroke 5.2	Compl. of Surgery 1.0
Respiratory 8.6	Other Conditions 50.3

**REVENUE**

Billings \$	656,397
Disallowances	46,278
Collections	610,119
Other	1,174
Total	611,293

**EXPENSES**

Total \$	501,577
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.1
Licensed Practical Nurses	1.0
Home Health Aides	1.1
Physical Therapists	1.0
Occupational Therapists	1.0
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.5
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTEs	9.4

**Prairie du Chien Memorial Hospital Home Health Care**  
 705 East Taylor Street  
 Prairie du Chien WI 53821      Crawford County  
 (608) 357-2262

**COUNTIES SERVED**  
 Crawford  
 Grant  
 Iowa  
 Richland

License Number: 46  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 272

**TOTAL NUMBER OF ADMISSIONS** 276

**PERCENT ADMISSIONS FROM:**

Private Residences	23.2%
General Hospitals	71.7
Nursing Homes	5.1
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 274

**PERCENT DISCHARGES TO:**

Private Residences	74.8%
General Hospitals	10.9
Nursing Homes	6.6
Deaths	2.6
Other	5.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	269	3,709	13.8
Home Health Aide	90	1,099	12.2
Physical Therapy	72	377	5.2
Spch/Occ/Resp Therapy	57	402	7.1
Medical Social Service	10	23	2.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,610	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.6%	Medicare 78.0%
4 to 34 1.8	Medicaid 9.0
35 to 54 6.6	Other Federal 0.0
55 to 64 8.8	State Funds 0.0
65 to 74 16.5	Private Insurance 11.2
75 to 84 33.5	Self Pay 0.0
85 & over 26.1	Other 1.8
	TOTAL PATIENTS 277
Males 42.6%      Females 57.4 %	

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	2.2%
Cancer	4.0	Genitourinary Sys.	2.9
Diabetes	6.3	Preg. & Childbirth	0.0
Diseases of Blood	1.1	Arthropathies	9.6
Dementia/Alzheimers	0.0	Osteopathies	1.5
Psychoses/Neuroses	0.4	Perinatal Period	6.3
Central Nervous Sys.	1.1	Ill-Defined Cond.	7.4
Paralysis/CP	0.4	Fractures	7.0
Cardiovascular	22.4	Wounds, Burns	1.8
Stroke	4.4	Compl. of Surgery	4.8
Respiratory	9.2	Other Conditions	7.4

REVENUE		
Billings	\$	775,455
Disallowances		102,821
Collections		672,634
Other		0
Total		672,634

EXPENSES		
Total	\$	942,906

STAFFING	FTEs
Administrators	0.1
Reg. Nurse Supervisors	2.0
Registered Nurses	6.7
Licensed Practical Nurses	0.0
Home Health Aides	2.1
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.6
TOTAL FTEs	13.9

**Catalyst, Inc.**

222 North Midvale Boulevard, Suite 8  
 Madison WI 53705                      Dane County

**COUNTIES SERVED**

Dane

(608) 238-8119

License Number: 316  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 29

**TOTAL NUMBER OF ADMISSIONS** 4

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 3

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1	1	1.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	58	6,299	108.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,300	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.4%	Medicare 0.0%
4 to 34 96.6	Medicaid 100.0
35 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 29
Males 58.6%      Females 41.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 37.9	Perinatal Period 3.4
Central Nervous Sys. 10.3	Ill-Defined Cond. 6.9
Paralysis/CP 17.2	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 24.1

**REVENUE**

Billings \$	602,189
Disallowances	44,356
Collections	557,833
Other	0
Total	557,833

**EXPENSES**

Total \$	539,054
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.2
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	14.1
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	16.3

**Home Health United VNS**

4801 Hayes Road  
Madison WI 53704

Dane County

(608) 242-1516

License Number: 176  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 3,706

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,641	43,783	12.0
Home Health Aide	926	24,257	26.2
Physical Therapy	2,290	17,335	7.6
Spch/Occ/Resp Therapy	949	6,578	6.9
Medical Social Service	722	1,996	2.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	1,558	389.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	95,507	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 74.5%
4 to 34 4.8	Medicaid 3.0
35 to 54 10.3	Other Federal 0.0
55 to 64 10.9	State Funds 0.0
65 to 74 18.2	Private Insurance 21.7
75 to 84 31.2	Self Pay 0.8
85 & over 23.7	Other 0.0
	TOTAL PATIENTS 3,757
Males 40.2% Females 59.8 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.9%	Digestive Disorders 2.0%		
Cancer 3.2	Genitourinary Sys. 1.7		
Diabetes 4.5	Preg. & Childbirth 0.1		
Diseases of Blood 0.8	Arthropathies 6.3		
Dementia/Alzheimers 0.6	Osteopathies 1.0		
Psychoses/Neuroses 0.4	Perinatal Period 0.3		
Central Nervous Sys. 1.5	Ill-Defined Cond. 3.8		
Paralysis/CP 0.4	Fractures 1.8		
Cardiovascular 10.8	Wounds, Burns 1.5		
Stroke 1.5	Compl. of Surgery 1.6		
Respiratory 4.4	Other Conditions 51.2		

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Dodge  
Grant  
Green  
Green Lake  
Iowa  
Jefferson  
Juneau  
Marquette  
Monroe  
Richland  
Rock  
Sauk  
Vernon  
Walworth

**TOTAL NUMBER OF ADMISSIONS** 3,678

**PERCENT ADMISSIONS FROM:**

Private Residences	0.2%
General Hospitals	83.5
Nursing Homes	15.4
Other	0.9

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 3,613

**PERCENT DISCHARGES TO:**

Private Residences	75.0%
General Hospitals	6.7
Nursing Homes	3.7
Deaths	2.0
Other	12.6

**STAFFING FTES**

Administrators	6.0
Reg. Nurse Supervisors	8.0
Registered Nurses	69.1
Licensed Practical Nurses	1.9
Home Health Aides	23.9
Physical Therapists	14.5
Occupational Therapists	6.2
Speech Pathologists	0.7
Respiratory Therapists	11.0
Medical Social Workers	7.1
Other Therapeutic Staff	0.6
Personal Care Workers	0.0
Homemakers	9.2
Other Staff	49.9
<b>TOTAL FTES</b>	<b>207.9</b>

**REVENUE**

Billings	\$ 11,120,177
Disallowances	935,061
Collections	10,185,116
Other	456,206
<b>Total</b>	<b>10,641,322</b>

**EXPENSES**

<b>Total</b>	<b>\$ 10,956,761</b>
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**Independent Health Care**

815 Forward Drive  
Madison Wi 53711

Dane County

**COUNTIES SERVED**

Dane

(608) 274-2097

License Number: 294  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 88

**TOTAL NUMBER OF ADMISSIONS** 90

**PERCENT ADMISSIONS FROM:**

Private Residences 24.4%  
General Hospitals 26.7  
Nursing Homes 47.8  
Other 1.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 90

**PERCENT DISCHARGES TO:**

Private Residences 80.0%  
General Hospitals 2.2  
Nursing Homes 8.9  
Deaths 0.0  
Other 8.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	82	443	5.4
Home Health Aide	27	305	11.3
Physical Therapy	76	831	10.9
Spch/Occ/Resp Therapy	33	233	7.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,812	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 96.9%
4 to 34 1.1	Medicaid 0.0
35 to 54 2.3	Other Federal 0.0
55 to 64 1.1	State Funds 0.0
65 to 74 12.5	Private Insurance 3.1
75 to 84 45.5	Self Pay 0.0
85 & over 37.5	Other 0.0
	TOTAL PATIENTS 97
Males 33.0% Females 67.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.1	Genitourinary Sys. 3.4
Diabetes 2.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 1.1
Central Nervous Sys. 2.3	Ill-Defined Cond. 14.8
Paralysis/CP 0.0	Fractures 6.8
Cardiovascular 11.4	Wounds, Burns 0.0
Stroke 5.7	Compl. of Surgery 0.0
Respiratory 1.1	Other Conditions 45.5

**REVENUE**

Billings \$ 298,000  
Disallowances 0  
Collections 298,000  
Other 23  
Total 298,023

**EXPENSES**

Total \$ 359,187

**STAFFING****FTEs**

Administrators 0.8  
Reg. Nurse Supervisors 0.0  
Registered Nurses 1.0  
Licensed Practical Nurses 0.0  
Home Health Aides 0.3  
Physical Therapists 0.4  
Occupational Therapists 0.2  
Speech Pathologists 0.0  
Respiratory Therapists 0.0  
Medical Social Workers 0.0  
Other Therapeutic Staff 0.0  
Personal Care Workers 0.0  
Homemakers 0.0  
Other Staff 1.9  
TOTAL FTEs 4.5

**Interim Healthcare of Madison**

702 North Blackhawk Avenue, Suite 215  
 Madison WI 53705 Dane County

**COUNTIES SERVED**

Dane  
 Rock

(608) 238-0268

License Number: 206  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? No  
 Title 19 (Medicaid) certified? No  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 194

**TOTAL NUMBER OF ADMISSIONS** 120

**PERCENT ADMISSIONS FROM:**

Private Residences	60.8%
General Hospitals	29.2
Nursing Homes	8.3
Other	1.7

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 105

**PERCENT DISCHARGES TO:**

Private Residences	46.7%
General Hospitals	2.9
Nursing Homes	11.4
Deaths	10.5
Other	28.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	5	187	37.4
Home Health Aide	109	4,499	41.3
Physical Therapy	2	28	14.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	128	13,283	103.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	18	6,385	354.7
TOTAL	XXXXXXX	24,382	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 9.3	Medicaid 30.5
35 to 54 11.9	Other Federal 0.0
55 to 64 9.8	State Funds 0.0
65 to 74 11.3	Private Insurance 4.3
75 to 84 27.8	Self Pay 51.0
85 & over 29.9	Other 14.3
	TOTAL PATIENTS 210
Males 43.3% Females 56.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.5%	Digestive Disorders 0.0%		
Cancer 1.0	Genitourinary Sys. 0.0		
Diabetes 3.6	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 4.6		
Dementia/Alzheimers 2.6	Osteopathies 1.0		
Psychoses/Neuroses 2.6	Perinatal Period 0.0		
Central Nervous Sys. 3.6	Ill-Defined Cond. 2.1		
Paralysis/CP 6.7	Fractures 0.5		
Cardiovascular 1.0	Wounds, Burns 2.6		
Stroke 6.2	Compl. of Surgery 0.0		
Respiratory 1.0	Other Conditions 60.3		

REVENUE	
Billings \$	2,051,300
Disallowances	132,165
Collections	1,919,135
Other	0
Total	1,919,135

EXPENSES	
Total \$	1,727,976

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.4
Licensed Practical Nurses	1.0
Home Health Aides	21.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	19.3
Homemakers	12.5
Other Staff	5.0
<b>TOTAL FTES</b>	<b>61.8</b>

**Meriter Home Care Agency**  
2180 West Beltline Highway  
Madison WI 53713

Dane County

(608) 327-3700

License Number: 222  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 1,552

# **COUNTIES SERVED**

Columbia  
Dane  
Green  
Iowa  
Jefferson  
Rock  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 1,588

## **PERCENT ADMISSIONS FROM:**

Private Residences	22.6%
General Hospitals	64.0
Nursing Homes	8.4
Other	5.0

## **TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,611

## **PERCENT DISCHARGES TO:**

Private Residences	75.5%
General Hospitals	2.1
Nursing Homes	4.2
Deaths	2.6
Other	15.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,183	13,170	11.1
Home Health Aide	247	4,361	17.7
Physical Therapy	1,115	9,024	8.1
Spch/Occ/Resp Therapy	405	2,291	5.7
Medical Social Service	186	220	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	29,066	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 55.5%
4 to 34 4.0	Medicaid 2.6
35 to 54 15.2	Other Federal 0.0
55 to 64 14.7	State Funds 0.0
65 to 74 16.6	Private Insurance 22.5
75 to 84 28.7	Self Pay 18.6
85 & over 19.7	Other 0.8
	TOTAL PATIENTS 1,937
Males 38.4% Females 61.6 %	

## **PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 4.1%
Cancer 5.2	Genitourinary Sys. 2.4
Diabetes 4.8	Preg. & Childbirth 0.5
Diseases of Blood 1.1	Arthropathies 6.9
Dementia/Alzheimers 0.3	Osteopathies 1.4
Psychoses/Neuroses 0.3	Perinatal Period 0.5
Central Nervous Sys. 2.5	Ill-Defined Cond. 31.1
Paralysis/CP 0.5	Fractures 5.0
Cardiovascular 11.0	Wounds, Burns 2.0
Stroke 2.9	Compl. of Surgery 1.9
Respiratory 5.9	Other Conditions 8.4

## **REVENUE**

Billings \$	4,321,140
Disallowances	523,120
Collections	3,798,020
Other	129
Total	3,798,149

## **EXPENSES**

Total \$	3,113,648
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## **STAFFING**

## **FTEs**

Administrators	0.0
Reg. Nurse Supervisors	2.0
Registered Nurses	18.8
Licensed Practical Nurses	0.9
Home Health Aides	4.8
Physical Therapists	8.6
Occupational Therapists	2.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTEs	44.0



**University Hospital Home Health Agency**2030 Pinehurst Drive  
Middleton WI 53562

Dane County

(608) 203-2273

License Number: 252

Ownership of Agency: State

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 1,055

**COUNTIES SERVED**Columbia  
Dane  
Dodge  
Green  
Jefferson  
Sauk**TOTAL NUMBER OF ADMISSIONS** 1,064**PERCENT ADMISSIONS FROM:**

Private Residences	22.4%
General Hospitals	66.4
Nursing Homes	8.7
Other	2.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,080

**PERCENT DISCHARGES TO:**

Private Residences	84.2%
General Hospitals	3.4
Nursing Homes	2.2
Deaths	1.7
Other	8.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	804	8,823	11.0
Home Health Aide	115	1,117	9.7
Physical Therapy	577	3,136	5.4
Spch/Occ/Resp Therapy	177	624	3.5
Medical Social Service	107	163	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,863	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.0%	Medicare 54.5%
4 to 34 8.0	Medicaid 6.5
35 to 54 21.0	Other Federal 0.0
55 to 64 17.5	State Funds 0.0
65 to 74 16.1	Private Insurance 35.4
75 to 84 21.5	Self Pay 0.9
85 & over 13.8	Other 2.8
	TOTAL PATIENTS 1,162
Males 41.4% Females 58.6 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.4%	Digestive Disorders 1.8%		
Cancer 2.4	Genitourinary Sys. 2.0		
Diabetes 2.3	Preg. & Childbirth 0.3		
Diseases of Blood 1.2	Arthropathies 5.7		
Dementia/Alzheimers 0.0	Osteopathies 1.0		
Psychoses/Neuroses 0.3	Perinatal Period 0.5		
Central Nervous Sys. 0.9	Ill-Defined Cond. 18.1		
Paralysis/CP 0.4	Fractures 0.5		
Cardiovascular 7.0	Wounds, Burns 1.8		
Stroke 0.7	Compl. of Surgery 5.4		
Respiratory 4.1	Other Conditions 42.3		

REVENUE	
Billings \$	1,973,413
Disallowances	215,318
Collections	1,758,095
Other	0
Total	1,758,095

EXPENSES	
Total \$	2,076,895

**STAFFING FTES**

Administrators	0.3
Reg. Nurse Supervisors	1.0
Registered Nurses	11.5
Licensed Practical Nurses	2.5
Home Health Aides	1.3
Physical Therapists	4.0
Occupational Therapists	0.8
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.8
TOTAL FTES	25.6

**Stoughton Hospital Home Health United**

900 Ridge Street  
Stoughton WI 53589

Dane County

(608) 873-2366

**COUNTIES SERVED**

Dane  
Green  
Jefferson  
Rock

License Number: 341  
Ownership of Agency: Nonprofit Association  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 535

**TOTAL NUMBER OF ADMISSIONS** 547

**PERCENT ADMISSIONS FROM:**

Private Residences	2.4%
General Hospitals	74.0
Nursing Homes	18.5
Other	5.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 557

**PERCENT DISCHARGES TO:**

Private Residences	73.4%
General Hospitals	5.7
Nursing Homes	3.4
Deaths	1.1
Other	16.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	518	6,787	13.1
Home Health Aide	137	2,652	19.4
Physical Therapy	355	2,657	7.5
Spch/Occ/Resp Therapy	128	681	5.3
Medical Social Service	80	131	1.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,908	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 75.3%
4 to 34 3.4	Medicaid 1.8
35 to 54 9.5	Other Federal 0.0
55 to 64 9.7	State Funds 0.0
65 to 74 17.9	Private Insurance 21.4
75 to 84 34.4	Self Pay 1.5
85 & over 25.0	Other 0.0
	TOTAL PATIENTS 547
Males 40.2% Females 59.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 2.2%
Cancer 2.2	Genitourinary Sys. 1.9
Diabetes 3.0	Preg. & Childbirth 0.2
Diseases of Blood 2.8	Arthropathies 5.0
Dementia/Alzheimers 0.2	Osteopathies 0.6
Psychoses/Neuroses 0.2	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 9.5
Paralysis/CP 0.0	Fractures 0.7
Cardiovascular 9.0	Wounds, Burns 0.9
Stroke 1.3	Compl. of Surgery 1.9
Respiratory 5.0	Other Conditions 52.0

**REVENUE**

Billings \$	1,540,265
Disallowances	170,037
Collections	1,370,228
Other	0
Total	1,370,228

**EXPENSES**

Total \$	1,252,686
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.1
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	3.2
Occupational Therapists	0.9
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.9
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	16.8

**Hillside Home Health**

709 South University Avenue  
Beaver Dam WI 53916

Dodge County

(920) 887-4050

License Number: 188

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 566

**COUNTIES SERVED**

Columbia

Dane

Dodge

Fond du Lac

Green

Jefferson

**TOTAL NUMBER OF ADMISSIONS** 565

**PERCENT ADMISSIONS FROM:**

Private Residences	34.0%
General Hospitals	59.6
Nursing Homes	5.8
Other	0.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 572

**PERCENT DISCHARGES TO:**

Private Residences	79.5%
General Hospitals	3.3
Nursing Homes	4.7
Deaths	2.4
Other	10.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	540	4,957	9.2
Home Health Aide	175	1,939	11.1
Physical Therapy	209	978	4.7
Spch/Occ/Resp Therapy	48	176	3.7
Medical Social Service	13	33	2.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,083	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.2%	Medicare 82.6%
4 to 34 1.8	Medicaid 2.5
35 to 54 6.9	Other Federal 0.0
55 to 64 7.4	State Funds 0.0
65 to 74 18.0	Private Insurance 14.6
75 to 84 35.3	Self Pay 0.4
85 & over 27.4	Other 0.0
	TOTAL PATIENTS 569
Males 43.3% Females 56.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 18.9%
Cancer 7.4	Genitourinary Sys. 7.2
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 4.8
Dementia/Alzheimers 0.5	Osteopathies 1.4
Psychoses/Neuroses 0.4	Perinatal Period 3.0
Central Nervous Sys. 2.3	Ill-Defined Cond. 5.3
Paralysis/CP 0.4	Fractures 3.4
Cardiovascular 16.8	Wounds, Burns 0.4
Stroke 3.5	Compl. of Surgery 3.4
Respiratory 8.5	Other Conditions 6.4

**REVENUE**

Billings \$	1,011,713
Disallowances	-38,564
Collections	1,050,277
Other	2,627
Total	1,052,904

**EXPENSES**

Total \$	1,101,130
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**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.8
Registered Nurses	5.5
Licensed Practical Nurses	0.0
Home Health Aides	1.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.3
TOTAL FTEs	11.1

**Marquardt Memorial Manor**1020 Hill Street  
Watertown WI 53098

Dodge County

**COUNTIES SERVED**Dodge  
Jefferson

(920) 261-7108

License Number: 134  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 162

**TOTAL NUMBER OF ADMISSIONS** 142**PERCENT ADMISSIONS FROM:**

Private Residences 57.0%  
 General Hospitals 31.7  
 Nursing Homes 7.7  
 Other 3.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 176

**PERCENT DISCHARGES TO:**

Private Residences 63.6%  
 General Hospitals 5.7  
 Nursing Homes 8.5  
 Deaths 4.5  
 Other 17.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	162	1,890	11.7
Home Health Aide	99	1,615	16.3
Physical Therapy	56	523	9.3
Spch/Occ/Resp Therapy	31	145	4.7
Medical Social Service	27	273	10.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	13	1,518	116.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,964	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 73.5%
4 to 34 0.6	Medicaid 4.9
35 to 54 3.1	Other Federal 0.0
55 to 64 7.4	State Funds 0.0
65 to 74 13.6	Private Insurance 3.1
75 to 84 30.2	Self Pay 18.5
85 & over 45.1	Other 0.0
	TOTAL PATIENTS 162
Males 29.0% Females 71.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.7%	Digestive Disorders 0.6%
Cancer 4.9	Genitourinary Sys. 6.2
Diabetes 22.2	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 13.6
Dementia/Alzheimers 0.0	Osteopathies 1.2
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 3.7	Ill-Defined Cond. 8.0
Paralysis/CP 0.0	Fractures 2.5
Cardiovascular 14.2	Wounds, Burns 0.6
Stroke 3.1	Compl. of Surgery 0.0
Respiratory 2.5	Other Conditions 11.7

**REVENUE**

Billings \$	466,700
Disallowances	57,741
Collections	408,959
Other	38,532
Total	447,491

**EXPENSES**

Total \$	394,818
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	5.4

**Watertown Memorial Hospital Home Health Program**

125 Hospital Drive  
Watertown WI 53098

Dodge County

**COUNTIES SERVED**

Dodge  
Jackson  
Waukesha

(920) 262-4262

License Number: 165  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 305

**TOTAL NUMBER OF ADMISSIONS** 295

**PERCENT ADMISSIONS FROM:**

Private Residences	5.8%
General Hospitals	68.8
Nursing Homes	7.1
Other	18.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 294

**PERCENT DISCHARGES TO:**

Private Residences	91.5%
General Hospitals	1.0
Nursing Homes	4.1
Deaths	2.0
Other	1.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	274	1,393	5.1
Home Health Aide	49	654	13.3
Physical Therapy	125	1,107	8.9
Spch/Occ/Resp Therapy	21	60	2.9
Medical Social Service	3	4	1.3
Private Duty Nursing	2	4	2.0
Personal Care/PC RN Supv.	74	3,500	47.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	26	766	29.5
TOTAL	XXXXXXX	7,488	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.9%	Medicare 51.9%
4 to 34 9.2	Medicaid 10.3
35 to 54 14.4	Other Federal 0.0
55 to 64 10.2	State Funds 0.0
65 to 74 19.3	Private Insurance 29.8
75 to 84 25.6	Self Pay 6.4
85 & over 13.4	Other 1.6
	TOTAL PATIENTS 312
Males 40.0% Females 60.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 0.0%
Cancer 1.0	Genitourinary Sys. 0.3
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 0.7
Dementia/Alzheimers 0.0	Osteopathies 0.3
Psychoses/Neuroses 0.3	Perinatal Period 6.9
Central Nervous Sys. 0.3	Ill-Defined Cond. 5.6
Paralysis/CP 0.7	Fractures 1.3
Cardiovascular 8.5	Wounds, Burns 0.7
Stroke 0.0	Compl. of Surgery 1.0
Respiratory 4.9	Other Conditions 63.6

**REVENUE**

Billings \$	687,484
Disallowances	59,309
Collections	628,175
Other	547
Total	628,722

**EXPENSES**

Total \$	767,358
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.9
Physical Therapists	1.0
Occupational Therapists	0.0
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.1
Homemakers	1.7
Other Staff	1.0
TOTAL FTEs	10.8

**Door County Memorial Home Health**

1300 Egg Harbor Road, #110

Sturgeon Bay WI 54235

Door County

**COUNTIES SERVED**

Door

Kewaunee

(920) 743-7983

License Number: 187

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 288

**TOTAL NUMBER OF ADMISSIONS** 290**PERCENT ADMISSIONS FROM:**

Private Residences	1.4%
General Hospitals	59.3
Nursing Homes	8.6
Other	30.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 290

**PERCENT DISCHARGES TO:**

Private Residences	68.3%
General Hospitals	4.1
Nursing Homes	9.3
Deaths	3.4
Other	14.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	254	3,942	15.5
Home Health Aide	80	1,893	23.7
Physical Therapy	134	794	5.9
Spch/Occ/Resp Therapy	91	396	4.4
Medical Social Service	0	0	0.0
Private Duty Nursing	7	21	3.0
Personal Care/PC RN Supv.	39	1,488	38.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,534	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.2%
4 to 34 1.4	Medicaid 7.4
35 to 54 4.2	Other Federal 0.0
55 to 64 5.9	State Funds 0.0
65 to 74 16.3	Private Insurance 6.7
75 to 84 45.5	Self Pay 2.4
85 & over 26.7	Other 0.3
	TOTAL PATIENTS 297
Males 39.2% Females 60.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 1.4%
Cancer 1.4	Genitourinary Sys. 1.4
Diabetes 3.1	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 5.6
Dementia/Alzheimers 1.0	Osteopathies 1.4
Psychoses/Neuroses 2.4	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 8.0
Paralysis/CP 1.4	Fractures 2.1
Cardiovascular 10.8	Wounds, Burns 1.4
Stroke 1.0	Compl. of Surgery 1.4
Respiratory 7.6	Other Conditions 44.8

**REVENUE**

Billings \$	1,142,655
Disallowances	351,778
Collections	790,877
Other	1,577
Total	792,454

**EXPENSES**

Total \$	970,914
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.3
Homemakers	0.0
Other Staff	1.6
TOTAL FTEs	10.7

**Douglas County Home Health Care Unit**  
 1316 North 14th Street, Suite 324  
 Superior WI 54880 Douglas County

**COUNTIES SERVED**  
 Douglas

(715) 395-1304

License Number: 50  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 282

**TOTAL NUMBER OF ADMISSIONS** 245

**PERCENT ADMISSIONS FROM:**

Private Residences	48.6%
General Hospitals	46.5
Nursing Homes	4.9
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 204

**PERCENT DISCHARGES TO:**

Private Residences	83.8%
General Hospitals	0.0
Nursing Homes	6.9
Deaths	2.0
Other	7.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	229	2,360	10.3
Home Health Aide	82	751	9.2
Physical Therapy	159	1,268	8.0
Spch/Occ/Resp Therapy	92	295	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,674	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 89.7%
4 to 34 1.1	Medicaid 5.0
35 to 54 5.0	Other Federal 0.0
55 to 64 4.6	State Funds 0.0
65 to 74 14.2	Private Insurance 3.9
75 to 84 28.0	Self Pay 0.4
85 & over 47.2	Other 1.1
	TOTAL PATIENTS 282
Males 31.6% Females 68.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 1.1%
Cancer 4.6	Genitourinary Sys. 2.1
Diabetes 5.0	Preg. & Childbirth 0.0
Diseases of Blood 4.6	Arthropathies 7.4
Dementia/Alzheimers 2.5	Osteopathies 17.4
Psychoses/Neuroses 1.4	Perinatal Period 0.4
Central Nervous Sys. 4.3	Ill-Defined Cond. 1.4
Paralysis/CP 0.4	Fractures 2.8
Cardiovascular 30.9	Wounds, Burns 2.1
Stroke 1.1	Compl. of Surgery 0.0
Respiratory 2.1	Other Conditions 7.8

**REVENUE**

Billings \$	947,477
Disallowances	215,520
Collections	731,957
Other	15,759
Total	747,716

**EXPENSES**

Total \$	764,034
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.0
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	13.0

**The Dove, Inc.**

1416 Cumming Avenue, Suite 2B  
Superior WI 54880

Douglas County

**COUNTIES SERVED**

Douglas

(715) 392-3133

License Number: 172

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 84

**TOTAL NUMBER OF ADMISSIONS** 54

**PERCENT ADMISSIONS FROM:**

Private Residences	3.7%
General Hospitals	50.0
Nursing Homes	18.5
Other	27.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 52

**PERCENT DISCHARGES TO:**

Private Residences	51.9%
General Hospitals	23.1
Nursing Homes	3.8
Deaths	0.0
Other	21.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	63	923	14.7
Home Health Aide	15	140	9.3
Physical Therapy	29	165	5.7
Spch/Occ/Resp Therapy	10	53	5.3
Medical Social Service	0	0	0.0
Private Duty Nursing	2	1,160	580.0
Personal Care/PC RN Supv.	84	15,238	181.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,679	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 32.6%
4 to 34 10.7	Medicaid 51.1
35 to 54 9.5	Other Federal 0.0
55 to 64 13.1	State Funds 4.3
65 to 74 19.0	Private Insurance 10.9
75 to 84 29.8	Self Pay 1.1
85 & over 17.9	Other 0.0
	TOTAL PATIENTS 92
Males 42.9% Females 57.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.2%
Cancer 1.2	Genitourinary Sys. 0.0
Diabetes 6.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 11.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 16.7	Perinatal Period 0.0
Central Nervous Sys. 8.3	Ill-Defined Cond. 8.3
Paralysis/CP 2.4	Fractures 0.0
Cardiovascular 17.9	Wounds, Burns 0.0
Stroke 3.6	Compl. of Surgery 1.2
Respiratory 6.0	Other Conditions 15.5

**REVENUE**

Billings \$	986,186
Disallowances	92,749
Collections	893,437
Other	19,458
Total	912,895

**EXPENSES**

Total \$	774,912
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	1.2
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	11.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	19.4



**Aurora Community Health**  
406 Technology Drive E, #B  
Menomonie WI 54751

Dunn County

(715) 235-4667

License Number: 310  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 119

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	163	18.1
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	232	83,871	361.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	84,034	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 29.4	Medicaid 100.0
35 to 54 49.6	Other Federal 0.0
55 to 64 11.8	State Funds 0.0
65 to 74 6.7	Private Insurance 0.0
75 to 84 2.5	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 119
Males 56.3% Females 43.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.8	Osteopathies 0.0
Psychoses/Neuroses 1.7	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 0.0
Paralysis/CP 17.6	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.8
Stroke 1.7	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 74.8

#### COUNTIES SERVED

Barron  
Burnett  
Clark  
Dunn  
Eau Claire  
Jackson  
Marathon  
Pierce  
Polk  
Rusk  
St. Croix  
Taylor  
Trempealeau  
Washburn

**TOTAL NUMBER OF ADMISSIONS** 13

#### PERCENT ADMISSIONS FROM:

Private Residences	23.1%
General Hospitals	0.0
Nursing Homes	15.4
Other	61.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 13

#### PERCENT DISCHARGES TO:

Private Residences	30.8%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	30.8
Other	38.5

#### STAFFING FTES

Administrators	1.0
Reg. Nurse Supervisors	3.0
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
<b>TOTAL FTES</b>	<b>6.4</b>

#### REVENUE

Billings	\$ 2,907,601
Disallowances	0
Collections	2,907,601
Other	340
<b>Total</b>	<b>2,907,941</b>

#### EXPENSES

<b>Total</b>	<b>\$ 2,833,272</b>
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**Dunn County Home Health Care**

800 Wilson Avenue  
Menomonie WI 54751

Dunn County

**COUNTIES SERVED**

Dunn

(715) 232-1518

License Number: 51  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 184

**TOTAL NUMBER OF ADMISSIONS** 172**PERCENT ADMISSIONS FROM:**

Private Residences 35.5%  
General Hospitals 34.3  
Nursing Homes 29.7  
Other 0.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 161

**PERCENT DISCHARGES TO:**

Private Residences 59.6%  
General Hospitals 6.8  
Nursing Homes 14.3  
Deaths 5.0  
Other 14.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	184	2,916	15.8
Home Health Aide	81	1,502	18.5
Physical Therapy	36	384	10.7
Spch/Occ/Resp Therapy	14	95	6.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,897	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 61.0%
4 to 34 3.8	Medicaid 17.0
35 to 54 13.0	Other Federal 0.0
55 to 64 6.5	State Funds 0.0
65 to 74 15.8	Private Insurance 14.5
75 to 84 31.5	Self Pay 3.0
85 & over 29.3	Other 4.5
	TOTAL PATIENTS 200
Males 38.6% Females 61.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 1.6%
Cancer 4.3	Genitourinary Sys. 4.9
Diabetes 8.2	Preg. & Childbirth 0.5
Diseases of Blood 1.6	Arthropathies 4.9
Dementia/Alzheimers 0.0	Osteopathies 1.6
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 2.7	Ill-Defined Cond. 2.7
Paralysis/CP 0.5	Fractures 5.4
Cardiovascular 16.3	Wounds, Burns 3.8
Stroke 2.7	Compl. of Surgery 2.2
Respiratory 5.4	Other Conditions 29.3

REVENUE	
Billings \$	533,684
Disallowances	60,104
Collections	473,580
Other	0
Total	473,580

EXPENSES	
Total \$	499,581

**STAFFING****FTEs**

Administrators 1.0  
Reg. Nurse Supervisors 0.0  
Registered Nurses 4.2  
Licensed Practical Nurses 0.0  
Home Health Aides 0.9  
Physical Therapists 0.0  
Occupational Therapists 0.0  
Speech Pathologists 0.0  
Respiratory Therapists 0.0  
Medical Social Workers 0.0  
Other Therapeutic Staff 0.0  
Personal Care Workers 0.0  
Homemakers 0.0  
Other Staff 3.3  
TOTAL FTEs 9.4

**Lifenet**

800 Wisconsin Street, Suite 305  
Eau Claire WI 54703 Eau Claire County

(715) 835-4111

License Number: 335  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 195

**COUNTIES SERVED**

Chippewa  
Clark  
Dunn  
Eau Claire  
La Crosse  
Marathon  
Monroe  
Rusk  
Taylor  
Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 99

**PERCENT ADMISSIONS FROM:**

Private Residences 87.9%  
General Hospitals 2.0  
Nursing Homes 8.1  
Other 2.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 101

**PERCENT DISCHARGES TO:**

Private Residences 74.3%  
General Hospitals 3.0  
Nursing Homes 19.8  
Deaths 3.0  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	5	120	24.0
Home Health Aide	1	53	53.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	310	24,955	80.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	25,128	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 21.5	Medicaid 84.6
35 to 54 34.4	Other Federal 0.0
55 to 64 10.3	State Funds 0.0
65 to 74 11.8	Private Insurance 10.3
75 to 84 13.3	Self Pay 5.1
85 & over 8.7	Other 0.0
	TOTAL PATIENTS 195
Males 42.6% Females 57.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 12.3%
Cancer 4.1	Genitourinary Sys. 2.1
Diabetes 7.2	Preg. & Childbirth 0.0
Diseases of Blood 2.6	Arthropathies 0.5
Dementia/Alzheimers 0.5	Osteopathies 3.6
Psychoses/Neuroses 17.4	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 0.0
Paralysis/CP 1.5	Fractures 0.0
Cardiovascular 21.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 14.4	Other Conditions 10.3

**REVENUE**

Billings \$	1,060,526
Disallowances	8,910
Collections	1,051,616
Other	0
Total	1,051,616

**EXPENSES**

Total \$	1,333,493
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	47.0
Homemakers	0.0
Other Staff	10.4
TOTAL FTEs	62.6

**Mission Home Health Lutheran Social Services**  
 1101 West Clairemont Avenue, Suite 2G  
 Eau Claire WI 54701 Eau Claire County

(715) 855-5043

License Number: 1010  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? No  
 Title 19 (Medicaid) certified? No  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 99

**COUNTIES SERVED**

Chippewa  
 Clark  
 Dunn  
 Eau Claire  
 Jackson  
 Monroe

**TOTAL NUMBER OF ADMISSIONS** 15

**PERCENT ADMISSIONS FROM:**

Private Residences	6.7%
General Hospitals	0.0
Nursing Homes	0.0
Other	93.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	50.0
Other	50.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3	288	96.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	198	80,647	407.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	80,935	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 25.3	Medicaid 100.0
35 to 54 43.4	Other Federal 0.0
55 to 64 23.2	State Funds 0.0
65 to 74 4.0	Private Insurance 0.0
75 to 84 4.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 99
Males 47.5% Females 52.5 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 0.0	Genitourinary Sys. 1.0
Diabetes 1.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 1.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 12.1	Perinatal Period 1.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 0.0
Paralysis/CP 8.1	Fractures 0.0
Cardiovascular 3.0	Wounds, Burns 0.0
Stroke 1.0	Compl. of Surgery 1.0
Respiratory 0.0	Other Conditions 68.7

**REVENUE**

Billings \$	2,922,649
Disallowances	358,392
Collections	2,564,257
Other	0
Total	2,564,257

**EXPENSES**

Total \$	2,911,321
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	79.9
Homemakers	0.0
Other Staff	2.8
TOTAL FTEs	87.7

**Northwest Wisconsin Homecare**

2620 Stein Boulevard, Box 2060

Eau Claire WI 54702

Eau Claire County

(715) 831-0100

License Number: 127

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of unduplicated patients in 2004 = 714

**COUNTIES SERVED**

Barron

Buffalo

Chippewa

Dunn

Eau Claire

Jackson

Pierce

Polk

Rusk

St. Croix

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 603**PERCENT ADMISSIONS FROM:**

Private Residences	56.4%
General Hospitals	36.8
Nursing Homes	5.8
Other	1.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 597

**PERCENT DISCHARGES TO:**

Private Residences	75.4%
General Hospitals	3.4
Nursing Homes	7.4
Deaths	3.0
Other	10.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	416	6,198	14.9
Home Health Aide	137	8,110	59.2
Physical Therapy	168	891	5.3
Spch/Occ/Resp Therapy	70	249	3.6
Medical Social Service	46	88	1.9
Private Duty Nursing	10	2,624	262.4
Personal Care/PC RN Supv.	176	11,815	67.1
Other Home Health Care	6	41	6.8
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	30,016	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.4%	Medicare 58.4%
4 to 34 9.8	Medicaid 11.7
35 to 54 9.7	Other Federal 0.0
55 to 64 10.4	State Funds 0.0
65 to 74 17.4	Private Insurance 12.0
75 to 84 26.3	Self Pay 5.7
85 & over 26.1	Other 12.1
	TOTAL PATIENTS 766
Males 43.1% Females 56.9 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.8%	Digestive Disorders 4.2%
Cancer 2.2	Genitourinary Sys. 1.8
Diabetes 4.9	Preg. & Childbirth 0.3
Diseases of Blood 1.3	Arthropathies 7.1
Dementia/Alzheimers 0.7	Osteopathies 1.0
Psychoses/Neuroses 3.4	Perinatal Period 0.1
Central Nervous Sys. 2.2	Ill-Defined Cond. 3.6
Paralysis/CP 2.1	Fractures 0.3
Cardiovascular 10.9	Wounds, Burns 3.6
Stroke 1.5	Compl. of Surgery 4.3
Respiratory 6.2	Other Conditions 35.3

**REVENUE**

Billings \$	2,728,339
Disallowances	652,818
Collections	2,075,521
Other	5,608
Total	2,081,129

**EXPENSES**

Total \$	2,853,396
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	13.0
Registered Nurses	17.0
Licensed Practical Nurses	2.6
Home Health Aides	17.4
Physical Therapists	1.6
Occupational Therapists	1.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	4.0
Other Therapeutic Staff	0.1
Personal Care Workers	5.2
Homemakers	0.0
Other Staff	29.8
TOTAL FTEs	91.9

**Fond du Lac County Home Health Service**

160 South Macy Street

Fond du Lac WI 54935

Fond du Lac County

**COUNTIES SERVED**

Fond du Lac

(920) 929-3085

License Number: 54

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 247

**TOTAL NUMBER OF ADMISSIONS** 194**PERCENT ADMISSIONS FROM:**

Private Residences	52.1%
General Hospitals	30.9
Nursing Homes	7.2
Other	9.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 204

**PERCENT DISCHARGES TO:**

Private Residences	65.7%
General Hospitals	12.3
Nursing Homes	10.3
Deaths	2.9
Other	8.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	121	1,743	14.4
Home Health Aide	53	2,608	49.2
Physical Therapy	35	259	7.4
Spch/Occ/Resp Therapy	11	48	4.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	228	5,401	23.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,059	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 31.4%
4 to 34 2.0	Medicaid 8.0
35 to 54 10.1	Other Federal 0.0
55 to 64 8.9	State Funds 23.0
65 to 74 14.6	Private Insurance 4.2
75 to 84 32.0	Self Pay 4.2
85 & over 31.2	Other 29.1
	TOTAL PATIENTS 261
Males 27.9% Females 72.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.4%	Digestive Disorders 1.6%
Cancer 2.4	Genitourinary Sys. 2.4
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 20.2
Dementia/Alzheimers 1.2	Osteopathies 0.0
Psychoses/Neuroses 2.4	Perinatal Period 1.6
Central Nervous Sys. 5.7	Ill-Defined Cond. 7.3
Paralysis/CP 0.4	Fractures 4.9
Cardiovascular 19.0	Wounds, Burns 3.2
Stroke 5.3	Compl. of Surgery 0.4
Respiratory 3.6	Other Conditions 10.1

REVENUE	
Billings \$	688,306
Disallowances	136,258
Collections	552,048
Other	0
Total	552,048

EXPENSES	
Total \$	838,784

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	19.8
Licensed Practical Nurses	0.0
Home Health Aides	4.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.1
Homemakers	0.0
Other Staff	11.5
TOTAL FTES	41.4

**St. Agnes Hospital Home Care Services**

239 Trowbridge Drive  
Fond du Lac WI 54936

Fond du Lac County

(920) 923-7950

License Number: 55  
Ownership of Agency: Nonprofit Church/Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 517

**COUNTIES SERVED**

Adams  
Calumet  
Dodge  
Fond du Lac  
Green Lake  
Sheboygan  
Washington  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 568

**PERCENT ADMISSIONS FROM:**

Private Residences	7.9%
General Hospitals	81.7
Nursing Homes	8.6
Other	1.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 781

**PERCENT DISCHARGES TO:**

Private Residences	81.9%
General Hospitals	1.4
Nursing Homes	6.9
Deaths	2.6
Other	7.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	511	4,786	9.4
Home Health Aide	90	1,378	15.3
Physical Therapy	214	2,110	9.9
Spch/Occ/Resp Therapy	93	1,156	12.4
Medical Social Service	108	137	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,567	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.9%	Medicare 64.1%
4 to 34 6.8	Medicaid 4.6
35 to 54 15.3	Other Federal 0.0
55 to 64 13.7	State Funds 2.8
65 to 74 16.2	Private Insurance 25.3
75 to 84 28.2	Self Pay 0.7
85 & over 15.9	Other 2.6
	TOTAL PATIENTS 613
Males 45.6% Females 54.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.7%	Digestive Disorders 1.2%
Cancer 4.3	Genitourinary Sys. 1.2
Diabetes 2.9	Preg. & Childbirth 0.0
Diseases of Blood 0.4	Arthropathies 2.1
Dementia/Alzheimers 0.2	Osteopathies 0.8
Psychoses/Neuroses 0.0	Perinatal Period 1.7
Central Nervous Sys. 1.0	Ill-Defined Cond. 2.3
Paralysis/CP 0.2	Fractures 0.6
Cardiovascular 9.1	Wounds, Burns 1.0
Stroke 0.8	Compl. of Surgery 2.1
Respiratory 4.8	Other Conditions 60.7

**REVENUE**

Billings \$	1,413,583
Disallowances	111,832
Collections	1,301,751
Other	7,039
Total	1,308,790

**EXPENSES**

Total \$	1,747,989
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.2
Registered Nurses	9.0
Licensed Practical Nurses	0.0
Home Health Aides	1.9
Physical Therapists	3.9
Occupational Therapists	0.2
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.9
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.6
TOTAL FTEs	20.8

**Grant County Home Nursing Service**

111 South Jefferson Street  
Lancaster WI 53813

Grant County

**COUNTIES SERVED**

Grant

(608) 723-6416

License Number: 57  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 273

**TOTAL NUMBER OF ADMISSIONS** 263**PERCENT ADMISSIONS FROM:**

Private Residences 22.4%  
General Hospitals 56.3  
Nursing Homes 17.5  
Other 3.8

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 266**PERCENT DISCHARGES TO:**

Private Residences 72.2%  
General Hospitals 12.4  
Nursing Homes 7.1  
Deaths 3.0  
Other 5.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	244	2,139	8.8
Home Health Aide	48	504	10.5
Physical Therapy	122	955	7.8
Spch/Occ/Resp Therapy	25	97	3.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	78	1,627	20.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,322	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 51.4%
4 to 34 3.3	Medicaid 16.7
35 to 54 7.7	Other Federal 0.0
55 to 64 11.0	State Funds 0.0
65 to 74 24.9	Private Insurance 13.5
75 to 84 34.8	Self Pay 18.1
85 & over 18.3	Other 0.3
	TOTAL PATIENTS 288
Males 38.8% Females 61.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 0.0%
Cancer 4.4	Genitourinary Sys. 1.8
Diabetes 8.4	Preg. & Childbirth 0.4
Diseases of Blood 0.7	Arthropathies 14.3
Dementia/Alzheimers 3.7	Osteopathies 1.1
Psychoses/Neuroses 2.2	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 6.6
Paralysis/CP 0.7	Fractures 4.4
Cardiovascular 13.6	Wounds, Burns 1.1
Stroke 3.7	Compl. of Surgery 0.7
Respiratory 3.7	Other Conditions 25.3

**REVENUE**

Billings \$	574,453
Disallowances	60,070
Collections	514,383
Other	0
Total	514,383

**EXPENSES**

Total \$	560,232
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.2
Homemakers	0.0
Other Staff	1.1
TOTAL FTEs	8.2



**Homeward Bound Home Health**

130 West Elm Street, PO Box 503  
Lancaster WI 53813

Grant County

(608) 723-6601

License Number: 330

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 346

**COUNTIES SERVED**

Adams  
Columbia  
Crawford  
Grant  
Iowa  
Juneau  
Lafayette  
Richland  
Sauk  
Vernon

**TOTAL NUMBER OF ADMISSIONS** 222

**PERCENT ADMISSIONS FROM:**

Private Residences	20.3%
General Hospitals	32.0
Nursing Homes	7.2
Other	40.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 209

**PERCENT DISCHARGES TO:**

Private Residences	48.3%
General Hospitals	6.2
Nursing Homes	9.1
Deaths	5.3
Other	31.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	217	3,117	14.4
Home Health Aide	66	1,985	30.1
Physical Therapy	43	234	5.4
Spch/Occ/Resp Therapy	17	626	36.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	322	31,132	96.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	37,094	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 21.1%
4 to 34 7.8	Medicaid 60.1
35 to 54 14.2	Other Federal 0.0
55 to 64 13.9	State Funds 10.1
65 to 74 21.4	Private Insurance 7.2
75 to 84 28.6	Self Pay 0.6
85 & over 14.2	Other 0.9
	TOTAL PATIENTS 346
Males 35.3% Females 64.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 1.4%
Cancer 2.9	Genitourinary Sys. 0.6
Diabetes 5.5	Preg. & Childbirth 0.0
Diseases of Blood 0.3	Arthropathies 15.3
Dementia/Alzheimers 2.0	Osteopathies 1.7
Psychoses/Neuroses 4.0	Perinatal Period 0.3
Central Nervous Sys. 4.6	Ill-Defined Cond. 6.1
Paralysis/CP 3.5	Fractures 4.0
Cardiovascular 14.2	Wounds, Burns 4.3
Stroke 3.8	Compl. of Surgery 1.7
Respiratory 7.8	Other Conditions 15.3

**REVENUE**

Billings \$	2,459,079
Disallowances	735,318
Collections	1,723,761
Other	0
Total	1,723,761

**EXPENSES**

Total \$	1,649,884
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	6.5
Licensed Practical Nurses	1.5
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.3
Personal Care Workers	36.8
Homemakers	0.0
Other Staff	5.1
TOTAL FTEs	53.0

**The Monroe Clinic Home Care**

515 22nd Avenue  
Monroe WI 53566

Green County

**COUNTIES SERVED**

Green  
Lafayette  
Rock

(608) 324-1230

License Number: 142  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 375

**TOTAL NUMBER OF ADMISSIONS** 357

**PERCENT ADMISSIONS FROM:**

Private Residences	21.3%
General Hospitals	66.4
Nursing Homes	0.8
Other	11.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 350

**PERCENT DISCHARGES TO:**

Private Residences	78.3%
General Hospitals	5.4
Nursing Homes	1.7
Deaths	1.7
Other	12.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	294	2,823	9.6
Home Health Aide	54	614	11.4
Physical Therapy	225	2,256	10.0
Spch/Occ/Resp Therapy	56	289	5.2
Medical Social Service	22	38	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,020	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.3%	Medicare 75.5%
4 to 34 2.7	Medicaid 2.7
35 to 54 12.3	Other Federal 0.0
55 to 64 12.8	State Funds 0.0
65 to 74 19.5	Private Insurance 21.3
75 to 84 28.3	Self Pay 0.5
85 & over 23.2	Other 0.0
	TOTAL PATIENTS 375
Males 41.3% Females 58.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.3%	Digestive Disorders 4.8%		
Cancer 9.3	Genitourinary Sys. 2.4		
Diabetes 4.5	Preg. & Childbirth 0.3		
Diseases of Blood 0.5	Arthropathies 20.3		
Dementia/Alzheimers 0.0	Osteopathies 12.3		
Psychoses/Neuroses 1.1	Perinatal Period 0.5		
Central Nervous Sys. 0.8	Ill-Defined Cond. 6.7		
Paralysis/CP 0.0	Fractures 5.6		
Cardiovascular 9.6	Wounds, Burns 0.8		
Stroke 1.1	Compl. of Surgery 2.7		
Respiratory 6.7	Other Conditions 8.8		

REVENUE	
Billings \$	1,143,641
Disallowances	253,675
Collections	889,966
Other	0
Total	889,966

EXPENSES	
Total \$	843,992

**STAFFING FTES**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	3.9
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	1.3
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTES</b>	<b>9.0</b>

**CHN Home Care**

270 East Marquette Street  
Berlin Wi 54923

Green Lake County

(920) 361-5555

License Number: 235  
Ownership of Agency: Nonprofit Association  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 477

**COUNTIES SERVED**

Fond du Lac  
Green Lake  
Marinette  
Portage  
Waupaca  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 436

**PERCENT ADMISSIONS FROM:**

Private Residences 10.3%  
General Hospitals 48.4  
Nursing Homes 14.2  
Other 27.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 448

**PERCENT DISCHARGES TO:**

Private Residences 61.6%  
General Hospitals 10.9  
Nursing Homes 3.3  
Deaths 2.7  
Other 21.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	477	5,165	10.8
Home Health Aide	152	3,524	23.2
Physical Therapy	195	1,275	6.5
Spch/Occ/Resp Therapy	45	221	4.9
Medical Social Service	9	10	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	108	2,746	25.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,941	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 71.5%
4 to 34 2.3	Medicaid 5.8
35 to 54 7.1	Other Federal 0.0
55 to 64 7.1	State Funds 0.0
65 to 74 23.7	Private Insurance 14.2
75 to 84 27.9	Self Pay 5.5
85 & over 30.4	Other 2.9
	TOTAL PATIENTS 548
Males 39.8% Females 60.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 1.3%
Cancer 1.9	Genitourinary Sys. 0.4
Diabetes 3.4	Preg. & Childbirth 0.4
Diseases of Blood 2.3	Arthropathies 1.7
Dementia/Alzheimers 0.2	Osteopathies 0.6
Psychoses/Neuroses 0.8	Perinatal Period 0.2
Central Nervous Sys. 0.2	Ill-Defined Cond. 1.3
Paralysis/CP 0.0	Fractures 0.8
Cardiovascular 8.4	Wounds, Burns 0.4
Stroke 2.3	Compl. of Surgery 2.3
Respiratory 5.2	Other Conditions 65.0

**REVENUE**

Billings \$	1,065,931
Disallowances	-175,731
Collections	1,241,662
Other	86,247
Total	1,327,909

**EXPENSES**

Total \$	1,400,555
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.8
Licensed Practical Nurses	0.0
Home Health Aides	6.1
Physical Therapists	0.8
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.4
TOTAL FTEs	17.3

**Upland Hills Home Care**

800 Compassion Way  
Dodgeville WI 53533

Iowa County

(608) 930-7210

License Number: 60  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 371

**COUNTIES SERVED**

Dane  
Grant  
Iowa  
Lafayette  
Richland  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 343

**PERCENT ADMISSIONS FROM:**

Private Residences	16.9%
General Hospitals	54.2
Nursing Homes	26.2
Other	2.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 337

**PERCENT DISCHARGES TO:**

Private Residences	73.0%
General Hospitals	4.5
Nursing Homes	10.7
Deaths	2.1
Other	9.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	339	3,322	9.8
Home Health Aide	63	1,248	19.8
Physical Therapy	207	1,164	5.6
Spch/Occ/Resp Therapy	74	278	3.8
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	45	2,888	64.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,902	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.9%	Medicare 62.5%
4 to 34 7.5	Medicaid 6.7
35 to 54 11.6	Other Federal 0.0
55 to 64 12.7	State Funds 2.0
65 to 74 15.6	Private Insurance 28.1
75 to 84 31.8	Self Pay 0.5
85 & over 18.9	Other 0.2
	TOTAL PATIENTS 405
Males 45.0% Females 55.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 1.1%
Cancer 3.0	Genitourinary Sys. 1.3
Diabetes 3.8	Preg. & Childbirth 0.5
Diseases of Blood 3.2	Arthropathies 2.2
Dementia/Alzheimers 0.0	Osteopathies 1.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 1.1
Paralysis/CP 0.3	Fractures 0.0
Cardiovascular 7.8	Wounds, Burns 0.3
Stroke 0.0	Compl. of Surgery 5.1
Respiratory 3.2	Other Conditions 65.0

**REVENUE**

Billings \$	773,669
Disallowances	49,657
Collections	724,012
Other	0
Total	724,012

**EXPENSES**

Total \$	915,935
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	4.5
Licensed Practical Nurses	0.9
Home Health Aides	3.3
Physical Therapists	0.5
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.2
Homemakers	0.0
Other Staff	3.5
TOTAL FTEs	16.6

**Pine View Home Health**

400 CTH R

Black River Falls WI 54615

Jackson County

**COUNTIES SERVED**

Clark

Jackson

Monroe

(715) 284-9495

License Number: 219

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 259

**TOTAL NUMBER OF ADMISSIONS** 163**PERCENT ADMISSIONS FROM:**

Private Residences	29.4%
General Hospitals	57.1
Nursing Homes	11.7
Other	1.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 159

**PERCENT DISCHARGES TO:**

Private Residences	62.3%
General Hospitals	23.9
Nursing Homes	2.5
Deaths	0.6
Other	10.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	184	1,431	7.8
Home Health Aide	72	2,721	37.8
Physical Therapy	76	679	8.9
Spch/Occ/Resp Therapy	37	316	8.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	151	14,509	96.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,656	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 47.9%
4 to 34 3.5	Medicaid 32.8
35 to 54 14.7	Other Federal 0.0
55 to 64 13.9	State Funds 0.0
65 to 74 22.0	Private Insurance 12.0
75 to 84 23.9	Self Pay 5.4
85 & over 21.2	Other 1.9
	TOTAL PATIENTS 259
Males 44.0% Females 56.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.5%	Digestive Disorders 0.8%
Cancer 5.0	Genitourinary Sys. 1.2
Diabetes 10.8	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 7.3
Dementia/Alzheimers 1.2	Osteopathies 1.5
Psychoses/Neuroses 7.3	Perinatal Period 0.8
Central Nervous Sys. 3.5	Ill-Defined Cond. 3.9
Paralysis/CP 2.3	Fractures 3.5
Cardiovascular 7.7	Wounds, Burns 1.2
Stroke 3.9	Compl. of Surgery 7.7
Respiratory 3.1	Other Conditions 24.3

**REVENUE**

Billings	\$ 1,004,443
Disallowances	232,454
Collections	771,989
Other	0
Total	771,989

**EXPENSES**

Total	\$ 1,181,986
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.1
Home Health Aides	3.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.4
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	20.4

**Fort Healthcare Home Health**

611 Sherman Avenue East  
Fort Atkinson WI 53538

Jefferson County

(920) 568-6500

**COUNTIES SERVED**

Dane  
Jefferson  
Rusk  
Walworth

License Number: 137  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 366

**TOTAL NUMBER OF ADMISSIONS** 370

**PERCENT ADMISSIONS FROM:**

Private Residences	28.4%
General Hospitals	57.6
Nursing Homes	8.9
Other	5.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 379

**PERCENT DISCHARGES TO:**

Private Residences	80.7%
General Hospitals	1.3
Nursing Homes	2.1
Deaths	2.6
Other	13.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	365	2,778	7.6
Home Health Aide	51	2,608	51.1
Physical Therapy	137	592	4.3
Spch/Occ/Resp Therapy	37	127	3.4
Medical Social Service	25	37	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,142	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 13.7%	Medicare 59.7%
4 to 34 2.5	Medicaid 9.0
35 to 54 10.7	Other Federal 0.0
55 to 64 14.5	State Funds 0.2
65 to 74 15.3	Private Insurance 21.1
75 to 84 19.1	Self Pay 2.4
85 & over 24.3	Other 7.6
	TOTAL PATIENTS 422
Males 38.0% Females 62.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 2.5%
Cancer 1.4	Genitourinary Sys. 1.6
Diabetes 3.0	Preg. & Childbirth 0.5
Diseases of Blood 0.5	Arthropathies 1.6
Dementia/Alzheimers 0.0	Osteopathies 0.8
Psychoses/Neuroses 1.4	Perinatal Period 12.3
Central Nervous Sys. 0.0	Ill-Defined Cond. 3.3
Paralysis/CP 0.5	Fractures 0.5
Cardiovascular 11.5	Wounds, Burns 0.5
Stroke 0.3	Compl. of Surgery 4.1
Respiratory 3.0	Other Conditions 49.5

**REVENUE**

Billings \$	618,117
Disallowances	61,813
Collections	556,304
Other	0
Total	556,304

**EXPENSES**

Total \$	653,417
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.2
Licensed Practical Nurses	0.0
Home Health Aides	2.1
Physical Therapists	0.4
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	8.6

## Jefferson County Health Department

N3995 Annex Road  
Jefferson WI 53549

Jefferson County

## COUNTIES SERVED

Jefferson

(920) 674-7275

License Number: 63  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 135

TOTAL NUMBER OF ADMISSIONS 107

## PERCENT ADMISSIONS FROM:

Private Residences	19.6%
General Hospitals	53.3
Nursing Homes	7.5
Other	19.6

## TOTAL NUMBER OF DISCHARGES

(Including Deaths) 102

## PERCENT DISCHARGES TO:

Private Residences	74.5%
General Hospitals	10.8
Nursing Homes	5.9
Deaths	0.0
Other	8.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	106	1,389	13.1
Home Health Aide	47	1,638	34.9
Physical Therapy	61	775	12.7
Spch/Occ/Resp Therapy	25	198	7.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,000	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 52.0%
4 to 34 10.4	Medicaid 31.8
35 to 54 8.9	Other Federal 0.0
55 to 64 6.7	State Funds 0.0
65 to 74 20.7	Private Insurance 11.5
75 to 84 34.8	Self Pay 1.4
85 & over 17.8	Other 3.4
	TOTAL PATIENTS 148
Males 40.7% Females 59.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 0.0	Genitourinary Sys. 0.7
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 2.2
Dementia/Alzheimers 0.0	Osteopathies 0.7
Psychoses/Neuroses 4.4	Perinatal Period 0.0
Central Nervous Sys. 1.5	Ill-Defined Cond. 3.7
Paralysis/CP 0.0	Fractures 0.7
Cardiovascular 7.4	Wounds, Burns 9.6
Stroke 2.2	Compl. of Surgery 0.7
Respiratory 2.2	Other Conditions 61.5

REVENUE	
Billings \$	543,378
Disallowances	200,903
Collections	342,475
Other	145,527
Total	488,002

EXPENSES	
Total \$	579,622

## STAFFING

## FTES

Administrators	0.7
Reg. Nurse Supervisors	0.5
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	1.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	6.3

**KJM Home Health Care Agency**

111 North Third Street  
Watertown WI 53094

Jefferson County

**COUNTIES SERVED**

Dodge  
Jefferson

(920) 261-8789

License Number: 135  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 21

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	21	613	29.2
Home Health Aide	13	1,392	107.1
Physical Therapy	4	107	26.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	64	32.0
TOTAL	XXXXXXX	2,176	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 85.7%
4 to 34 9.5	Medicaid 4.8
35 to 54 19.0	Other Federal 0.0
55 to 64 9.5	State Funds 0.0
65 to 74 14.3	Private Insurance 9.5
75 to 84 4.8	Self Pay 0.0
85 & over 42.9	Other 0.0
	TOTAL PATIENTS 21
Males 33.3% Females 66.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 4.8
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 19.0	Osteopathies 4.8
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 4.8
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 4.8	Wounds, Burns 33.3
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 4.8	Other Conditions 19.0

**TOTAL NUMBER OF ADMISSIONS** 14

**PERCENT ADMISSIONS FROM:**

Private Residences	64.3%
General Hospitals	21.4
Nursing Homes	7.1
Other	7.1

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 7

**PERCENT DISCHARGES TO:**

Private Residences	42.9%
General Hospitals	28.6
Nursing Homes	0.0
Deaths	0.0
Other	28.6

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>4.5</b>

**REVENUE**

Billings \$	211,082
Disallowances	11,965
Collections	199,117
Other	0
<b>Total</b>	<b>199,117</b>

**EXPENSES**

<b>Total \$</b>	<b>197,656</b>
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Hess Home Health  
1050 Division Street  
Mauston WI 53948

Juneau County

COUNTIES SERVED

Juneau  
Monroe  
Sauk

(608) 847-6161

License Number: 216  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 154

TOTAL NUMBER OF ADMISSIONS 154

PERCENT ADMISSIONS FROM:

Private Residences	16.9%
General Hospitals	68.2
Nursing Homes	11.7
Other	3.2

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 133

PERCENT DISCHARGES TO:

Private Residences	85.0%
General Hospitals	0.8
Nursing Homes	1.5
Deaths	4.5
Other	8.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	149	1,789	12.0
Home Health Aide	109	1,509	13.8
Physical Therapy	27	346	12.8
Spch/Occ/Resp Therapy	3	3	1.0
Medical Social Service	8	8	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,655	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 84.4%
4 to 34 0.6	Medicaid 6.5
35 to 54 7.8	Other Federal 0.0
55 to 64 9.7	State Funds 0.0
65 to 74 19.5	Private Insurance 6.5
75 to 84 37.7	Self Pay 0.0
85 & over 24.7	Other 2.6
	TOTAL PATIENTS 154
Males 46.8% Females 53.2 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 5.2%		
Cancer 5.2	Genitourinary Sys. 6.5		
Diabetes 7.8	Preg. & Childbirth 0.0		
Diseases of Blood 5.2	Arthropathies 13.0		
Dementia/Alzheimers 0.0	Osteopathies 0.0		
Psychoses/Neuroses 0.6	Perinatal Period 0.0		
Central Nervous Sys. 1.3	Ill-Defined Cond. 5.2		
Paralysis/CP 0.0	Fractures 11.0		
Cardiovascular 24.0	Wounds, Burns 2.6		
Stroke 1.3	Compl. of Surgery 1.9		
Respiratory 6.5	Other Conditions 2.6		

REVENUE		
Billings \$	338,359	
Disallowances	6,045	
Collections	332,314	
Other	1,741	
Total	334,055	

EXPENSES		
Total \$	493,533	

STAFFING FTES

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.4
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	6.7

**The Caring Heart**

4133 Courtney Street. #7B  
 Franksville WI 53126

Kenosha County

**COUNTIES SERVED**

Kenosha  
 Milwaukee  
 Racine

(262) 835-2887

License Number: 1035  
 Ownership of Agency: Individual Proprietary  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 42

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	42	670	16.0
Home Health Aide	6	1,068	178.0
Physical Therapy	3	35	11.7
Spch/Occ/Resp Therapy	1	8	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	48	2,232	46.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	5	208	41.6
TOTAL	XXXXXXX	4,221	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.8%	Medicare 0.0%
4 to 34 4.8	Medicaid 28.6
35 to 54 21.4	Other Federal 0.0
55 to 64 16.7	State Funds 0.0
65 to 74 31.0	Private Insurance 2.4
75 to 84 14.3	Self Pay 69.0
85 & over 7.1	Other 0.0
	TOTAL PATIENTS 42
Males 40.5% Females 59.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 7.1%
Cancer 9.5	Genitourinary Sys. 2.4
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.8
Dementia/Alzheimers 7.1	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 9.5	Ill-Defined Cond. 23.8
Paralysis/CP 0.0	Fractures 2.4
Cardiovascular 4.8	Wounds, Burns 2.4
Stroke 7.1	Compl. of Surgery 0.0
Respiratory 11.9	Other Conditions 2.4

**TOTAL NUMBER OF ADMISSIONS** 48

**PERCENT ADMISSIONS FROM:**

Private Residences	85.4%
General Hospitals	10.4
Nursing Homes	4.2
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 32

**PERCENT DISCHARGES TO:**

Private Residences	81.3%
General Hospitals	0.0
Nursing Homes	6.3
Deaths	12.5
Other	0.0

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	4.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
<b>TOTAL FTES</b>	<b>7.8</b>

**REVENUE**

Billings \$	179,195
Disallowances	124,367
Collections	54,828
Other	0
<b>Total</b>	<b>54,828</b>

**EXPENSES**

<b>Total \$</b>	<b>320,943</b>
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**Kenosha VNA**

600 52nd Street, Suite 300  
Kenosha WI 53140

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(262) 656-8400

License Number: 65  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 553

TOTAL NUMBER OF ADMISSIONS 481

**PERCENT ADMISSIONS FROM:**

Private Residences 9.6%  
General Hospitals 60.1  
Nursing Homes 10.0  
Other 20.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 502

**PERCENT DISCHARGES TO:**

Private Residences 73.9%  
General Hospitals 12.0  
Nursing Homes 5.0  
Deaths 1.4  
Other 7.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	502	5,315	10.6
Home Health Aide	149	2,850	19.1
Physical Therapy	252	2,863	11.4
Spch/Occ/Resp Therapy	57	421	7.4
Medical Social Service	5	5	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	2	2	1.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,456	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 80.2%
4 to 34 2.9	Medicaid 5.7
35 to 54 10.5	Other Federal 0.0
55 to 64 10.5	State Funds 0.0
65 to 74 25.7	Private Insurance 13.9
75 to 84 32.5	Self Pay 0.2
85 & over 16.3	Other 0.0
	TOTAL PATIENTS 560
Males 37.8% Females 62.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.9%	Digestive Disorders 6.7%
Cancer 5.8	Genitourinary Sys. 0.9
Diabetes 4.5	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 3.6
Dementia/Alzheimers 0.0	Osteopathies 0.2
Psychoses/Neuroses 0.0	Perinatal Period 0.5
Central Nervous Sys. 1.4	Ill-Defined Cond. 4.3
Paralysis/CP 0.2	Fractures 5.4
Cardiovascular 13.4	Wounds, Burns 7.4
Stroke 1.4	Compl. of Surgery 6.9
Respiratory 3.1	Other Conditions 29.7

**REVENUE**

Billings \$	1,702,676
Disallowances	120,307
Collections	1,582,369
Other	90,554
Total	1,672,923

**EXPENSES**

Total \$	1,721,352
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.4
Licensed Practical Nurses	3.0
Home Health Aides	3.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	17.0

**Alliance Home Care**

10220 Prairie Ridge Road  
Pleasant Prairie WI 53158

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(262) 652-4400

License Number: 130

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 46

**TOTAL NUMBER OF ADMISSIONS** 47

**PERCENT ADMISSIONS FROM:**

Private Residences	2.1%
General Hospitals	12.8
Nursing Homes	0.0
Other	85.1

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 47

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	27.7
Other	72.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	46	424	9.2
Home Health Aide	27	242	9.0
Physical Therapy	5	15	3.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	10	15	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	696	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 75.0%
4 to 34 0.0	Medicaid 0.0
35 to 54 17.4	Other Federal 0.0
55 to 64 15.2	State Funds 0.0
65 to 74 17.4	Private Insurance 22.9
75 to 84 23.9	Self Pay 2.1
85 & over 26.1	Other 0.0
	TOTAL PATIENTS 48
Males 47.8% Females 52.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 2.2%	Digestive Disorders 0.0%
Cancer 60.9	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 2.2	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 2.2	Fractures 2.2
Cardiovascular 17.4	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 2.2
Respiratory 8.7	Other Conditions 2.2

REVENUE	
Billings \$	74,228
Disallowances	4,581
Collections	69,647
Other	0
Total	69,647

EXPENSES	
Total \$	297,493

**STAFFING FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	1.9
Licensed Practical Nurses	0.3
Home Health Aides	1.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.6
Other Therapeutic Staff	0.3
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTES	6.6

**Caregivers La Crosse**

1802 State Road 16

La Crosse WI 54601

La Crosse County

(608) 779-0900

License Number: 1028

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 178

**COUNTIES SERVED**

Crawford

Eau Claire

Juneau

La Crosse

Monroe

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 107**PERCENT ADMISSIONS FROM:**

Private Residences	56.1%
General Hospitals	30.8
Nursing Homes	11.2
Other	1.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 87

**PERCENT DISCHARGES TO:**

Private Residences	51.7%
General Hospitals	8.0
Nursing Homes	23.0
Deaths	4.6
Other	12.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	2,845	21.9
Home Health Aide	34	8,826	259.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	1	145	145.0
Medical Social Service	0	0	0.0
Private Duty Nursing	18	1,623	90.2
Personal Care/PC RN Supv.	102	9,980	97.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	233	233.0
TOTAL	XXXXXXX	23,652	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.9%	Medicare 2.2%
4 to 34 16.3	Medicaid 42.9
35 to 54 23.6	Other Federal 0.0
55 to 64 14.0	State Funds 41.8
65 to 74 18.0	Private Insurance 13.2
75 to 84 13.5	Self Pay 0.0
85 & over 10.7	Other 0.0
	TOTAL PATIENTS 182
Males 39.3% Females 60.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 1.1%
Cancer 1.7	Genitourinary Sys. 4.5
Diabetes 7.9	Preg. & Childbirth 0.6
Diseases of Blood 0.6	Arthropathies 7.9
Dementia/Alzheimers 0.0	Osteopathies 0.6
Psychoses/Neuroses 3.4	Perinatal Period 1.7
Central Nervous Sys. 7.3	Ill-Defined Cond. 5.1
Paralysis/CP 10.1	Fractures 2.8
Cardiovascular 10.7	Wounds, Burns 7.9
Stroke 3.4	Compl. of Surgery 1.1
Respiratory 7.3	Other Conditions 13.5

**REVENUE**

Billings \$	1,605,754
Disallowances	237,083
Collections	1,368,671
Other	0
Total	1,368,671

**EXPENSES**

Total \$	1,293,318
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	5.4
Registered Nurses	2.9
Licensed Practical Nurses	4.7
Home Health Aides	10.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	11.5
Homemakers	7.5
Other Staff	4.0
TOTAL FTEs	46.6

**Franciscan Skemp Medical Center HHS**

212 South 11th Street

La Crosse WI 54601

La Crosse County

(608) 791-9790

**COUNTIES SERVED**

La Crosse

Monroe

Trempealeau

Vernon

License Number: 141  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 347

**TOTAL NUMBER OF ADMISSIONS** 324**PERCENT ADMISSIONS FROM:**

Private Residences 33.6%  
 General Hospitals 45.4  
 Nursing Homes 17.3  
 Other 3.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 324

**PERCENT DISCHARGES TO:**

Private Residences 76.2%  
 General Hospitals 3.1  
 Nursing Homes 10.8  
 Deaths 2.5  
 Other 7.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	256	4,910	19.2
Home Health Aide	95	3,599	37.9
Physical Therapy	180	1,185	6.6
Spch/Occ/Resp Therapy	79	354	4.5
Medical Social Service	8	8	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,056	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 59.1%
4 to 34 5.8	Medicaid 21.6
35 to 54 16.4	Other Federal 0.0
55 to 64 14.7	State Funds 0.0
65 to 74 14.4	Private Insurance 18.2
75 to 84 28.2	Self Pay 0.3
85 & over 20.2	Other 0.9
	TOTAL PATIENTS 347
Males 37.8% Females 62.2 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.2%	Digestive Disorders 3.5%		
Cancer 4.0	Genitourinary Sys. 1.4		
Diabetes 4.0	Preg. & Childbirth 0.9		
Diseases of Blood 0.0	Arthropathies 2.9		
Dementia/Alzheimers 0.0	Osteopathies 1.4		
Psychoses/Neuroses 0.0	Perinatal Period 4.0		
Central Nervous Sys. 1.2	Ill-Defined Cond. 0.0		
Paralysis/CP 1.2	Fractures 0.6		
Cardiovascular 11.5	Wounds, Burns 4.0		
Stroke 0.9	Compl. of Surgery 8.6		
Respiratory 3.7	Other Conditions 45.0		

REVENUE	
Billings \$	985,820
Disallowances	185,280
Collections	800,540
Other	0
Total	800,540

EXPENSES	
Total \$	1,027,818

**STAFFING FTES**

Administrators 1.0  
 Reg. Nurse Supervisors 1.0  
 Registered Nurses 3.9  
 Licensed Practical Nurses 0.0  
 Home Health Aides 3.2  
 Physical Therapists 2.0  
 Occupational Therapists 0.6  
 Speech Pathologists 0.0  
 Respiratory Therapists 0.0  
 Medical Social Workers 0.0  
 Other Therapeutic Staff 0.0  
 Personal Care Workers 0.0  
 Homemakers 0.0  
 Other Staff 4.9  
**TOTAL FTES 16.5**

**Gundersen Lutheran Medical Center**

811 Monitor Street, Suite 101

La Crosse WI 54603

La Crosse County

(608) 775-8400

License Number: 1027

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 266

**COUNTIES SERVED**

Crawford

Jackson

Juneau

La Crosse

Monroe

Trempealeau

Vernon

**TOTAL NUMBER OF ADMISSIONS** 244**PERCENT ADMISSIONS FROM:**

Private Residences	22.1%
General Hospitals	67.2
Nursing Homes	9.4
Other	1.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 259

**PERCENT DISCHARGES TO:**

Private Residences	87.6%
General Hospitals	0.8
Nursing Homes	4.2
Deaths	0.4
Other	6.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	233	2,328	10.0
Home Health Aide	46	498	10.8
Physical Therapy	102	378	3.7
Spch/Occ/Resp Therapy	43	160	3.7
Medical Social Service	19	21	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,385	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 12.8%	Medicare 61.6%
4 to 34 7.5	Medicaid 6.8
35 to 54 9.8	Other Federal 0.0
55 to 64 9.4	State Funds 0.4
65 to 74 15.8	Private Insurance 29.0
75 to 84 28.9	Self Pay 0.4
85 & over 15.8	Other 1.8
	TOTAL PATIENTS 279
Males 48.1% Females 51.9 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.8%	Digestive Disorders 1.5%
Cancer 6.4	Genitourinary Sys. 1.1
Diabetes 1.1	Preg. & Childbirth 0.4
Diseases of Blood 0.0	Arthropathies 0.8
Dementia/Alzheimers 0.0	Osteopathies 1.1
Psychoses/Neuroses 0.0	Perinatal Period 9.4
Central Nervous Sys. 0.0	Ill-Defined Cond. 1.9
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 7.5	Wounds, Burns 1.1
Stroke 0.8	Compl. of Surgery 2.3
Respiratory 1.1	Other Conditions 62.8

REVENUE	
Billings \$	382,204
Disallowances	59,668
Collections	322,536
Other	2,078
Total	324,614

EXPENSES	
Total \$	1,115,561

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.0
Licensed Practical Nurses	0.0
Home Health Aides	2.1
Physical Therapists	1.2
Occupational Therapists	0.8
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.4
<b>TOTAL FTES</b>	<b>15.1</b>

**La Crosse County Health Department**

300 4th Street N  
La Crosse WI 54601

La Crosse County

**COUNTIES SERVED**

La Crosse

(608) 785-9723

License Number: 66  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 87

**TOTAL NUMBER OF ADMISSIONS** 49

**PERCENT ADMISSIONS FROM:**

Private Residences	83.7%
General Hospitals	12.2
Nursing Homes	4.1
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 36

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	13.9
Nursing Homes	5.6
Deaths	2.8
Other	27.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	66	2,320	35.2
Home Health Aide	42	5,842	139.1
Physical Therapy	10	59	5.9
Spch/Occ/Resp Therapy	1	15	15.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	50	1,976	39.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,212	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.4%	Medicare 16.3%
4 to 34 24.1	Medicaid 31.5
35 to 54 19.5	Other Federal 0.0
55 to 64 10.3	State Funds 45.7
65 to 74 14.9	Private Insurance 1.1
75 to 84 12.6	Self Pay 5.4
85 & over 14.9	Other 0.0
	TOTAL PATIENTS 92
Males 32.2% Females 67.8 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.3%
Cancer 2.3	Genitourinary Sys. 3.4
Diabetes 5.7	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 4.6
Dementia/Alzheimers 0.0	Osteopathies 2.3
Psychoses/Neuroses 5.7	Perinatal Period 1.1
Central Nervous Sys. 6.9	Ill-Defined Cond. 3.4
Paralysis/CP 10.3	Fractures 0.0
Cardiovascular 8.0	Wounds, Burns 5.7
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 2.3	Other Conditions 34.5

REVENUE	
Billings \$	824,578
Disallowances	71,192
Collections	753,386
Other	0
Total	753,386

EXPENSES	
Total \$	703,558

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.4
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.6
TOTAL FTEs	13.5



**Lafayette County Nursing Agency**

729 Clay Street, PO Box 118

Darlington WI 53530

Lafayette County

**COUNTIES SERVED**

Lafayette

(608) 776-4895

License Number: 68

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 154

**TOTAL NUMBER OF ADMISSIONS** 127**PERCENT ADMISSIONS FROM:**

Private Residences	26.0%
General Hospitals	52.8
Nursing Homes	18.9
Other	2.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 118

**PERCENT DISCHARGES TO:**

Private Residences	59.3%
General Hospitals	7.6
Nursing Homes	15.3
Deaths	7.6
Other	10.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	149	1,899	12.7
Home Health Aide	28	821	29.3
Physical Therapy	49	208	4.2
Spch/Occ/Resp Therapy	15	72	4.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	26	474	18.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,474	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 68.1%
4 to 34 1.9	Medicaid 15.4
35 to 54 7.8	Other Federal 0.0
55 to 64 8.4	State Funds 0.0
65 to 74 17.5	Private Insurance 10.4
75 to 84 35.7	Self Pay 5.5
85 & over 28.6	Other 0.5
	TOTAL PATIENTS 182
Males 39.6% Females 60.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 0.6%
Cancer 8.4	Genitourinary Sys. 2.6
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 5.2	Arthropathies 6.5
Dementia/Alzheimers 0.0	Osteopathies 2.6
Psychoses/Neuroses 3.2	Perinatal Period 0.0
Central Nervous Sys. 1.3	Ill-Defined Cond. 3.2
Paralysis/CP 1.3	Fractures 0.0
Cardiovascular 22.1	Wounds, Burns 0.0
Stroke 2.6	Compl. of Surgery 1.3
Respiratory 3.2	Other Conditions 28.6

REVENUE	
Billings \$	267,196
Disallowances	29,913
Collections	237,283
Other	1,378
Total	238,661

EXPENSES	
Total \$	386,768

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	9.0

**Langlade County Health Department**

1225 Langlade Road

Antigo WI 54409

Langlade County

**COUNTIES SERVED**

Langlade

(715) 627-6250

License Number: 69

Ownership of Agency: County

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 63

**TOTAL NUMBER OF ADMISSIONS** 26**PERCENT ADMISSIONS FROM:**

Private Residences	15.4%
General Hospitals	11.5
Nursing Homes	23.1
Other	50.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 26

**PERCENT DISCHARGES TO:**

Private Residences	26.9%
General Hospitals	19.2
Nursing Homes	26.9
Deaths	0.0
Other	26.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	63	71	1.1
Home Health Aide	0	0	0.0
Physical Therapy	1	1	1.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	122	10,112	82.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,184	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 0.0%
4 to 34 7.9	Medicaid 82.5
35 to 54 4.8	Other Federal 0.0
55 to 64 7.9	State Funds 0.0
65 to 74 7.9	Private Insurance 4.8
75 to 84 28.6	Self Pay 12.7
85 & over 41.3	Other 0.0
	TOTAL PATIENTS 63
Males 23.8% Females 76.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 7.9	Genitourinary Sys. 0.0
Diabetes 3.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.6
Dementia/Alzheimers 9.5	Osteopathies 3.2
Psychoses/Neuroses 1.6	Perinatal Period 0.0
Central Nervous Sys. 7.9	Ill-Defined Cond. 0.0
Paralysis/CP 7.9	Fractures 4.8
Cardiovascular 9.5	Wounds, Burns 1.6
Stroke 14.3	Compl. of Surgery 0.0
Respiratory 3.2	Other Conditions 4.8

REVENUE	
Billings \$	236,520
Disallowances	33,429
Collections	203,091
Other	0
Total	203,091

EXPENSES	
Total \$	456,250

**STAFFING FTES**

Administrators	2.0
Reg. Nurse Supervisors	0.0
Registered Nurses	7.1
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	15.1

**Holy Family Memorial Home Care**

333 Reed Avenue, PO Box 1450

Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Manitowoc

(920) 683-8441

License Number: 143

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 453

**TOTAL NUMBER OF ADMISSIONS** 421**PERCENT ADMISSIONS FROM:**

Private Residences	27.3%
General Hospitals	59.9
Nursing Homes	10.2
Other	2.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 411

**PERCENT DISCHARGES TO:**

Private Residences	72.3%
General Hospitals	9.5
Nursing Homes	5.8
Deaths	2.7
Other	9.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	412	4,264	10.3
Home Health Aide	59	1,642	27.8
Physical Therapy	118	787	6.7
Spch/Occ/Resp Therapy	82	283	3.5
Medical Social Service	6	9	1.5
Private Duty Nursing	1	260	260.0
Personal Care/PC RN Supv.	124	8,233	66.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,478	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 78.9%
4 to 34 6.2	Medicaid 7.2
35 to 54 10.2	Other Federal 0.0
55 to 64 9.3	State Funds 0.0
65 to 74 14.3	Private Insurance 13.2
75 to 84 31.1	Self Pay 0.7
85 & over 28.7	Other 0.0
	TOTAL PATIENTS 456
Males 42.2% Females 57.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 2.4%
Cancer 7.7	Genitourinary Sys. 1.8
Diabetes 4.4	Preg. & Childbirth 0.2
Diseases of Blood 1.3	Arthropathies 4.0
Dementia/Alzheimers 0.7	Osteopathies 0.4
Psychoses/Neuroses 1.8	Perinatal Period 0.2
Central Nervous Sys. 2.0	Ill-Defined Cond. 2.6
Paralysis/CP 2.2	Fractures 0.0
Cardiovascular 21.0	Wounds, Burns 0.4
Stroke 1.8	Compl. of Surgery 2.4
Respiratory 8.2	Other Conditions 33.3

**REVENUE**

Billings \$	1,346,642
Disallowances	147,132
Collections	1,199,510
Other	0
Total	1,199,510

**EXPENSES**

Total \$	1,281,803
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	6.5
Licensed Practical Nurses	0.5
Home Health Aides	4.0
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.6
Personal Care Workers	4.4
Homemakers	0.0
Other Staff	2.7
TOTAL FTES	21.2

**Homecare Health Services**

1004 Washington Street  
Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Manitowoc

(920) 684-7155

License Number: 1  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 138

**TOTAL NUMBER OF ADMISSIONS** 166

**PERCENT ADMISSIONS FROM:**

Private Residences	25.9%
General Hospitals	47.6
Nursing Homes	3.6
Other	22.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 160

**PERCENT DISCHARGES TO:**

Private Residences	65.0%
General Hospitals	8.1
Nursing Homes	6.3
Deaths	2.5
Other	18.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	132	1,314	10.0
Home Health Aide	74	2,680	36.2
Physical Therapy	62	582	9.4
Spch/Occ/Resp Therapy	29	231	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	104	12,891	124.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,698	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 61.7%
4 to 34 6.5	Medicaid 32.7
35 to 54 4.3	Other Federal 0.6
55 to 64 5.8	State Funds 0.0
65 to 74 15.9	Private Insurance 4.9
75 to 84 37.0	Self Pay 0.0
85 & over 30.4	Other 0.0
	TOTAL PATIENTS 162
Males 31.2% Females 68.8 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.7%	Digestive Disorders 1.4%
Cancer 2.2	Genitourinary Sys. 3.6
Diabetes 5.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.3
Dementia/Alzheimers 3.6	Osteopathies 0.7
Psychoses/Neuroses 3.6	Perinatal Period 0.0
Central Nervous Sys. 5.1	Ill-Defined Cond. 12.3
Paralysis/CP 3.6	Fractures 5.1
Cardiovascular 9.4	Wounds, Burns 2.9
Stroke 2.2	Compl. of Surgery 0.7
Respiratory 5.1	Other Conditions 11.6

REVENUE	
Billings \$	552,215
Disallowances	41,476
Collections	510,739
Other	5,024
Total	515,763

EXPENSES	
Total \$	477,146

**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.9
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	12.6

**Aspirus VNA Home Health Inc.**

520 North 32nd Avenue  
Wausau WI 54401

Marathon County

(715) 847-2600

License Number: 73  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 2,248

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,042	25,031	12.3
Home Health Aide	432	36,381	84.2
Physical Therapy	633	3,177	5.0
Spch/Occ/Resp Therapy	313	1,958	6.3
Medical Social Service	0	0	0.0
Private Duty Nursing	4	60	15.0
Personal Care/PC RN Supv.	257	36,447	141.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	103,054	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.5%	Medicare 53.9%
4 to 34 4.3	Medicaid 19.5
35 to 54 11.9	Other Federal 0.0
55 to 64 8.0	State Funds 2.5
65 to 74 15.5	Private Insurance 22.1
75 to 84 27.9	Self Pay 1.9
85 & over 23.0	Other 0.0
	TOTAL PATIENTS 2,319
Males 43.7% Females 56.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.4%	Digestive Disorders 2.5%
Cancer 3.6	Genitourinary Sys. 1.5
Diabetes 3.7	Preg. & Childbirth 0.2
Diseases of Blood 0.9	Arthropathies 5.9
Dementia/Alzheimers 0.1	Osteopathies 1.0
Psychoses/Neuroses 1.9	Perinatal Period 8.9
Central Nervous Sys. 2.2	Ill-Defined Cond. 4.6
Paralysis/CP 1.9	Fractures 2.6
Cardiovascular 14.2	Wounds, Burns 4.8
Stroke 1.3	Compl. of Surgery 2.4
Respiratory 5.0	Other Conditions 30.3

**COUNTIES SERVED**

Adams  
Chippewa  
Clark  
Florence  
Forest  
Langlade  
Lincoln  
Marathon  
Portage  
Price  
Rusk  
Shawano  
Taylor  
Wood

**TOTAL NUMBER OF ADMISSIONS** 1,930

**PERCENT ADMISSIONS FROM:**

Private Residences	33.9%
General Hospitals	56.5
Nursing Homes	7.7
Other	1.9

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 1,966

**PERCENT DISCHARGES TO:**

Private Residences	80.5%
General Hospitals	11.9
Nursing Homes	0.6
Deaths	2.6
Other	4.5

**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	20.1
Licensed Practical Nurses	1.0
Home Health Aides	23.6
Physical Therapists	5.8
Occupational Therapists	2.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	9.1
Homemakers	0.0
Other Staff	27.6
<b>TOTAL FTEs</b>	<b>90.5</b>

**REVENUE**

Billings \$	7,378,860
Disallowances	1,283,128
Collections	6,095,732
Other	105,987
<b>Total</b>	<b>6,201,719</b>

**EXPENSES**

<b>Total</b>	<b>\$ 6,502,366</b>
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**Interim Healthcare**  
2402 Grand Avenue  
Wausau WI 54403

Marathon County

**COUNTIES SERVED**  
Marathon

(715) 842-7707

License Number: 277  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 195

**TOTAL NUMBER OF ADMISSIONS** 216

**PERCENT ADMISSIONS FROM:**

Private Residences	33.8%
General Hospitals	40.7
Nursing Homes	4.2
Other	21.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 201

**PERCENT DISCHARGES TO:**

Private Residences	67.7%
General Hospitals	20.4
Nursing Homes	4.0
Deaths	0.5
Other	7.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	107	2,197	20.5
Home Health Aide	44	4,385	99.7
Physical Therapy	93	979	10.5
Spch/Occ/Resp Therapy	44	3,010	68.4
Medical Social Service	0	0	0.0
Private Duty Nursing	1	221	221.0
Personal Care/PC RN Supv.	19	1,929	101.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	12,721	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.6%	Medicare 69.1%
4 to 34 6.7	Medicaid 20.8
35 to 54 8.7	Other Federal 0.5
55 to 64 4.1	State Funds 0.0
65 to 74 11.3	Private Insurance 6.8
75 to 84 34.4	Self Pay 2.9
85 & over 32.3	Other 0.0
	TOTAL PATIENTS 207
Males 30.8% Females 69.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 3.6%
Cancer 2.6	Genitourinary Sys. 2.1
Diabetes 2.1	Preg. & Childbirth 0.5
Diseases of Blood 2.1	Arthropathies 19.0
Dementia/Alzheimers 2.6	Osteopathies 1.5
Psychoses/Neuroses 1.5	Perinatal Period 1.5
Central Nervous Sys. 4.6	Ill-Defined Cond. 9.7
Paralysis/CP 4.1	Fractures 13.8
Cardiovascular 13.3	Wounds, Burns 3.1
Stroke 0.5	Compl. of Surgery 3.6
Respiratory 5.6	Other Conditions 1.5

REVENUE	
Billings \$	791,599
Disallowances	3,272
Collections	788,327
Other	54
Total	788,381

EXPENSES	
Total \$	777,867

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.7
Licensed Practical Nurses	0.0
Home Health Aides	7.6
Physical Therapists	0.9
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.6
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	20.1

**Caregivers Home Health**  
3900 Hall Avenue, Suite A  
Marinette WI 54143

Marinette County

**COUNTIES SERVED**  
Marinette

(715) 735-6490

License Number: 1005  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 98

**TOTAL NUMBER OF ADMISSIONS** 40

**PERCENT ADMISSIONS FROM:**

Private Residences	52.5%
General Hospitals	25.0
Nursing Homes	22.5
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 34

**PERCENT DISCHARGES TO:**

Private Residences	55.9%
General Hospitals	11.8
Nursing Homes	26.5
Deaths	2.9
Other	2.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	57	1,195	21.0
Home Health Aide	55	4,187	76.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	1,048	262.0
Personal Care/PC RN Supv.	92	18,519	201.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	192	192.0
TOTAL	XXXXXXX	25,141	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.1%	Medicare 0.0%
4 to 34 15.3	Medicaid 94.1
35 to 54 7.1	Other Federal 0.0
55 to 64 14.3	State Funds 0.0
65 to 74 19.4	Private Insurance 5.2
75 to 84 16.3	Self Pay 0.7
85 & over 23.5	Other 0.0
	TOTAL PATIENTS 135
Males 51.0% Females 49.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.0%
Cancer 4.1	Genitourinary Sys. 0.0
Diabetes 6.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.1
Dementia/Alzheimers 2.0	Osteopathies 5.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 4.1	Ill-Defined Cond. 6.1
Paralysis/CP 9.2	Fractures 2.0
Cardiovascular 17.3	Wounds, Burns 0.0
Stroke 7.1	Compl. of Surgery 0.0
Respiratory 8.2	Other Conditions 23.5

**REVENUE**

Billings	\$ 1,267,112
Disallowances	257,974
Collections	1,009,138
Other	0
Total	1,009,138

**EXPENSES**

Total	\$ 982,716
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**STAFFING FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.3
Registered Nurses	0.7
Licensed Practical Nurses	4.5
Home Health Aides	4.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	17.4
Homemakers	0.2
Other Staff	1.2
<b>TOTAL FTES</b>	<b>30.1</b>

**Northland Lutheran HHS**925 Pine Beach Road  
Marinette WI 54143

Marinette County

**COUNTIES SERVED**

Marinette

(715) 732-5670

License Number: 256  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 318

**TOTAL NUMBER OF ADMISSIONS** 335**PERCENT ADMISSIONS FROM:**

Private Residences 26.9%  
 General Hospitals 54.9  
 Nursing Homes 16.7  
 Other 1.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 335**PERCENT DISCHARGES TO:**

Private Residences 86.3%  
 General Hospitals 1.8  
 Nursing Homes 6.9  
 Deaths 3.6  
 Other 1.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	318	4,336	13.6
Home Health Aide	127	2,893	22.8
Physical Therapy	104	908	8.7
Spch/Occ/Resp Therapy	37	449	12.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	64	1,419	22.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,005	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 77.5%
4 to 34 2.5	Medicaid 5.1
35 to 54 5.7	Other Federal 0.0
55 to 64 6.3	State Funds 0.0
65 to 74 16.4	Private Insurance 6.2
75 to 84 38.4	Self Pay 11.2
85 & over 30.8	Other 0.0
	TOTAL PATIENTS 356
Males 36.8% Females 63.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.6%	Digestive Disorders 5.3%
Cancer 8.8	Genitourinary Sys. 5.7
Diabetes 4.7	Preg. & Childbirth 0.3
Diseases of Blood 1.3	Arthropathies 7.5
Dementia/Alzheimers 0.6	Osteopathies 2.2
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 4.4
Paralysis/CP 0.0	Fractures 6.3
Cardiovascular 17.9	Wounds, Burns 0.9
Stroke 3.8	Compl. of Surgery 1.9
Respiratory 9.4	Other Conditions 15.1

REVENUE	
Billings \$	803,757
Disallowances	6,792
Collections	796,965
Other	3,180
Total	800,145

EXPENSES	
Total \$	797,545

**STAFFING FTES**

Administrators 0.9  
 Reg. Nurse Supervisors 0.9  
 Registered Nurses 5.7  
 Licensed Practical Nurses 0.1  
 Home Health Aides 4.5  
 Physical Therapists 0.0  
 Occupational Therapists 0.0  
 Speech Pathologists 0.0  
 Respiratory Therapists 0.0  
 Medical Social Workers 0.0  
 Other Therapeutic Staff 0.0  
 Personal Care Workers 0.1  
 Homemakers 0.0  
 Other Staff 1.2  
**TOTAL FTES** 13.3



**Northland Home Health**  
328 North Main Street  
Westfield WI 53964

Marquette County

**COUNTIES SERVED**

Adams  
Marquette  
Waushara

(608) 296-3811

License Number: 241  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 211

**TOTAL NUMBER OF ADMISSIONS** 209

**PERCENT ADMISSIONS FROM:**

Private Residences	42.1%
General Hospitals	44.0
Nursing Homes	12.0
Other	1.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 200

**PERCENT DISCHARGES TO:**

Private Residences	73.5%
General Hospitals	18.5
Nursing Homes	3.5
Deaths	4.0
Other	0.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	185	5,776	31.2
Home Health Aide	93	5,070	54.5
Physical Therapy	95	594	6.3
Spch/Occ/Resp Therapy	58	240	4.1
Medical Social Service	8	14	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	88	3,570	40.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	15,264	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 69.3%
4 to 34 3.3	Medicaid 20.9
35 to 54 10.4	Other Federal 2.7
55 to 64 6.2	State Funds 0.0
65 to 74 23.7	Private Insurance 4.0
75 to 84 32.2	Self Pay 2.2
85 & over 22.7	Other 0.9
	TOTAL PATIENTS 225
Males 37.9% Females 62.1 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.9%	Digestive Disorders 3.8%
Cancer 5.7	Genitourinary Sys. 2.4
Diabetes 7.1	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 11.4
Dementia/Alzheimers 2.8	Osteopathies 0.9
Psychoses/Neuroses 1.4	Perinatal Period 1.4
Central Nervous Sys. 5.7	Ill-Defined Cond. 4.7
Paralysis/CP 2.4	Fractures 8.5
Cardiovascular 13.3	Wounds, Burns 4.3
Stroke 7.1	Compl. of Surgery 0.9
Respiratory 11.8	Other Conditions 1.4

**REVENUE**

Billings	\$ 1,061,252
Disallowances	184,719
Collections	876,533
Other	0
Total	876,533

**EXPENSES**

Total	\$ 865,064
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	5.5
Licensed Practical Nurses	0.3
Home Health Aides	5.2
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.5
Homemakers	0.0
Other Staff	3.3
TOTAL FTEs	20.0

**Horizon Home Care and Hospice**

8949 North Deerbrook Trail

Brown Deer WI 53223

Milwaukee County

(414) 365-8300

License Number: 150

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of unduplicated patients in 2004 = 5,036

**COUNTIES SERVED**

Dodge

Fond du Lac

Kenosha

Milwaukee

Ozaukee

Racine

Sheboygan

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 4,888**PERCENT ADMISSIONS FROM:**

Private Residences	26.4%
General Hospitals	69.0
Nursing Homes	4.3
Other	0.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4,768

**PERCENT DISCHARGES TO:**

Private Residences	91.8%
General Hospitals	2.1
Nursing Homes	1.3
Deaths	2.1
Other	2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,500	49,801	14.2
Home Health Aide	549	19,720	35.9
Physical Therapy	2,335	16,955	7.3
Spch/Occ/Resp Therapy	838	5,837	7.0
Medical Social Service	200	248	1.2
Private Duty Nursing	88	10,558	120.0
Personal Care/PC RN Supv.	89	9,038	101.6
Other Home Health Care	10	38	3.8
Homemkr & Other Non HH	182	6,706	36.8
TOTAL	XXXXXXX	118,901	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.8%	Medicare 60.1%
4 to 34 5.6	Medicaid 5.7
35 to 54 15.0	Other Federal 0.0
55 to 64 14.6	State Funds 0.8
65 to 74 19.1	Private Insurance 28.9
75 to 84 26.1	Self Pay 2.2
85 & over 16.8	Other 2.4
	TOTAL PATIENTS 5,036
Males 40.3% Females 59.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 2.3%
Cancer 6.0	Genitourinary Sys. 1.9
Diabetes 4.6	Preg. & Childbirth 0.4
Diseases of Blood 0.7	Arthropathies 1.6
Dementia/Alzheimers 0.4	Osteopathies 0.8
Psychoses/Neuroses 1.3	Perinatal Period 1.3
Central Nervous Sys. 1.4	Ill-Defined Cond. 2.5
Paralysis/CP 0.4	Fractures 0.2
Cardiovascular 9.2	Wounds, Burns 1.0
Stroke 0.8	Compl. of Surgery 4.4
Respiratory 4.5	Other Conditions 53.4

**REVENUE**

Billings	\$ 14,449,748
Disallowances	2,312,844
Collections	12,136,904
Other	24,536
Total	12,161,440

**EXPENSES**

Total \$ 11,829,451

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	5.8
Registered Nurses	57.6
Licensed Practical Nurses	10.1
Home Health Aides	53.4
Physical Therapists	12.9
Occupational Therapists	3.4
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	1.8
Personal Care Workers	6.4
Homemakers	12.1
Other Staff	43.6
TOTAL FTEs	208.3

**Regal Home Health Services**

5600 West Brown Deer Road, Suite 107  
Brown Deer WI 53223 Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 355-7801

License Number: 1032  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 104

**TOTAL NUMBER OF ADMISSIONS** 89

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	4.5
Nursing Homes	0.0
Other	95.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 45

**PERCENT DISCHARGES TO:**

Private Residences	64.4%
General Hospitals	11.1
Nursing Homes	4.4
Deaths	2.2
Other	17.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	102	3,168	31.1
Home Health Aide	28	837	29.9
Physical Therapy	44	821	18.7
Spch/Occ/Resp Therapy	51	731	14.3
Medical Social Service	2	4	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	4	533	133.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,094	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 84.6%
4 to 34 3.8	Medicaid 5.8
35 to 54 11.5	Other Federal 0.0
55 to 64 16.3	State Funds 7.7
65 to 74 18.3	Private Insurance 1.0
75 to 84 32.7	Self Pay 1.0
85 & over 17.3	Other 0.0
	TOTAL PATIENTS 104
Males 31.7% Females 68.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.9%
Cancer 1.0	Genitourinary Sys. 1.0
Diabetes 23.1	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 23.1
Dementia/Alzheimers 2.9	Osteopathies 1.9
Psychoses/Neuroses 2.9	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 3.8
Paralysis/CP 1.0	Fractures 1.0
Cardiovascular 16.3	Wounds, Burns 1.9
Stroke 8.7	Compl. of Surgery 0.0
Respiratory 3.8	Other Conditions 3.8

REVENUE	
Billings \$	799,171
Disallowances	2,710
Collections	796,461
Other	0
Total	796,461

EXPENSES	
Total \$	731,576

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.6
Licensed Practical Nurses	2.0
Home Health Aides	1.7
Physical Therapists	0.6
Occupational Therapists	1.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.2
Homemakers	0.0
Other Staff	3.0
TOTAL FTES	12.1

**Affiliated Home Health Care**

816 West National Avenue  
Milwaukee WI 53204

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 389-0371

License Number: 326  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 291

**TOTAL NUMBER OF ADMISSIONS** 143

**PERCENT ADMISSIONS FROM:**

Private Residences	63.6%
General Hospitals	24.5
Nursing Homes	0.7
Other	11.2

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 168

**PERCENT DISCHARGES TO:**

Private Residences	54.2%
General Hospitals	32.7
Nursing Homes	3.6
Deaths	2.4
Other	7.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	261	14,202	54.4
Home Health Aide	11	2,298	208.9
Physical Therapy	26	181	7.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	259	32,991	127.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	7	425	60.7
TOTAL	XXXXXXX	50,097	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 7.9%
4 to 34 7.6	Medicaid 73.9
35 to 54 39.9	Other Federal 0.0
55 to 64 24.1	State Funds 16.2
65 to 74 13.4	Private Insurance 0.0
75 to 84 10.7	Self Pay 0.7
85 & over 4.5	Other 1.4
	TOTAL PATIENTS 291
Males 37.5% Females 62.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 0.0%		
Cancer 1.0	Genitourinary Sys. 2.4		
Diabetes 18.6	Preg. & Childbirth 0.0		
Diseases of Blood 0.3	Arthropathies 8.9		
Dementia/Alzheimers 2.4	Osteopathies 1.7		
Psychoses/Neuroses 26.5	Perinatal Period 0.0		
Central Nervous Sys. 3.4	Ill-Defined Cond. 2.1		
Paralysis/CP 5.2	Fractures 3.8		
Cardiovascular 3.1	Wounds, Burns 2.1		
Stroke 4.5	Compl. of Surgery 0.0		
Respiratory 5.2	Other Conditions 8.9		

REVENUE	
Billings \$	1,946,801
Disallowances	90,845
Collections	1,855,956
Other	0
Total	1,855,956

EXPENSES	
Total \$	1,816,497

**STAFFING FTES**

Administrators	1.7
Reg. Nurse Supervisors	0.3
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	3.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	35.7
Homemakers	0.2
Other Staff	6.7
<b>TOTAL FTES</b>	<b>51.5</b>

**Aurora Visiting Nurse Association of Wisconsin**  
 11333 West National Avenue  
 Milwaukee WI 53227 Milwaukee County

(414) 327-2295

License Number: 81  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? Yes  
 Number of unduplicated patients in 2004 = 10,367

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	8,425	105,616	12.5
Home Health Aide	1,727	39,571	22.9
Physical Therapy	4,515	39,203	8.7
Spch/Occ/Resp Therapy	2,048	13,570	6.6
Medical Social Service	1,425	3,005	2.1
Private Duty Nursing	33	117	3.5
Personal Care/PC RN Supv.	606	23,657	39.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	110	5,068	46.1
TOTAL	XXXXXXX	229,807	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.3%	Medicare 64.4%
4 to 34 6.5	Medicaid 12.5
35 to 54 12.3	Other Federal 0.0
55 to 64 12.2	State Funds 0.6
65 to 74 18.7	Private Insurance 20.5
75 to 84 27.5	Self Pay 1.9
85 & over 16.6	Other 0.0
	TOTAL PATIENTS 10,367
Males 41.5% Females 58.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.5%	Digestive Disorders 5.1%		
Cancer 6.7	Genitourinary Sys. 2.8		
Diabetes 4.7	Preg. & Childbirth 0.3		
Diseases of Blood 1.3	Arthropathies 17.7		
Dementia/Alzheimers 0.3	Osteopathies 0.4		
Psychoses/Neuroses 1.6	Perinatal Period 2.7		
Central Nervous Sys. 1.6	Ill-Defined Cond. 9.2		
Paralysis/CP 0.2	Fractures 1.9		
Cardiovascular 20.4	Wounds, Burns 2.4		
Stroke 1.1	Compl. of Surgery 8.3		
Respiratory 4.5	Other Conditions 6.3		

#### COUNTIES SERVED

Brown  
 Calumet  
 Dodge  
 Fond du Lac  
 Green  
 Jefferson  
 Kenosha  
 La Crosse  
 Manitowoc  
 Marquette  
 Milwaukee  
 Oconto  
 Outagamie  
 Ozaukee  
 Racine  
 Shawano  
 Sheboygan  
 Walworth  
 Washington  
 Waukesha  
 Waushara  
 Winnebago

**TOTAL NUMBER OF ADMISSIONS** 10,166

#### PERCENT ADMISSIONS FROM:

Private Residences	30.7%
General Hospitals	62.3
Nursing Homes	2.5
Other	4.6

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 10,242

#### PERCENT DISCHARGES TO:

Private Residences	79.9%
General Hospitals	10.6
Nursing Homes	2.8
Deaths	1.5
Other	5.2

#### STAFFING

#### FTEs

Administrators	2.0
Reg. Nurse Supervisors	14.0
Registered Nurses	138.7
Licensed Practical Nurses	6.0
Home Health Aides	60.7
Physical Therapists	28.6
Occupational Therapists	8.5
Speech Pathologists	2.1
Respiratory Therapists	0.0
Medical Social Workers	7.3
Other Therapeutic Staff	7.7
Personal Care Workers	0.0
Homemakers	5.5
Other Staff	44.6
<b>TOTAL FTEs</b>	<b>325.7</b>

#### REVENUE

Billings	\$ 25,081,834
Disallowances	392,598
Collections	24,689,236
Other	904,438
<b>Total</b>	<b>25,593,674</b>

#### EXPENSES

<b>Total</b>	<b>\$ 26,545,685</b>
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**Barry Healthcare Services**

312 East Wisconsin Avenue, Suite 200  
Milwaukee WI 53202 Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Ozaukee

(414) 272-9990

License Number: 123  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 196

**TOTAL NUMBER OF ADMISSIONS** 159

**PERCENT ADMISSIONS FROM:**

Private Residences	56.6%
General Hospitals	29.6
Nursing Homes	2.5
Other	11.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 167

**PERCENT DISCHARGES TO:**

Private Residences	38.9%
General Hospitals	22.8
Nursing Homes	5.4
Deaths	15.6
Other	17.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	196	9,198	46.9
Home Health Aide	14	6,893	492.4
Physical Therapy	11	69	6.3
Spch/Occ/Resp Therapy	6	23	3.8
Medical Social Service	0	0	0.0
Private Duty Nursing	1	725	725.0
Personal Care/PC RN Supv.	344	34,282	99.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	21	1,790	85.2
TOTAL	XXXXXXX	52,980	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 3.1%
4 to 34 13.8	Medicaid 56.3
35 to 54 26.5	Other Federal 0.0
55 to 64 14.8	State Funds 37.9
65 to 74 20.9	Private Insurance 2.2
75 to 84 15.3	Self Pay 0.0
85 & over 7.7	Other 0.4
	TOTAL PATIENTS 224
Males 32.7% Females 67.3 %	

PRIMARY DIAGNOSIS			
Infectious Disorders	1.0%	Digestive Disorders	0.0%
Cancer	2.0	Genitourinary Sys.	3.1
Diabetes	5.6	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	27.6
Dementia/Alzheimers	3.1	Osteopathies	2.0
Psychoses/Neuroses	1.5	Perinatal Period	0.0
Central Nervous Sys.	3.6	Ill-Defined Cond.	2.6
Paralysis/CP	11.2	Fractures	1.5
Cardiovascular	9.2	Wounds, Burns	2.6
Stroke	7.7	Compl. of Surgery	0.5
Respiratory	4.6	Other Conditions	10.7

REVENUE	
Billings	\$ 4,332,321
Disallowances	1,238,634
Collections	3,093,687
Other	520,096
Total	3,613,783

EXPENSES	
Total	\$ 3,378,302

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	10.4
Licensed Practical Nurses	4.8
Home Health Aides	7.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	48.1
Homemakers	0.2
Other Staff	11.0
<b>TOTAL FTES</b>	<b>83.4</b>

**Covenant Home Health and Hospice**

9688 West Appleton Avenue  
Milwaukee WI 53225

Milwaukee County

(414) 535-6900

License Number: 179

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 6,397

**COUNTIES SERVED**

Kenosha  
Milwaukee  
Ozaukee  
Racine  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 5,744

**PERCENT ADMISSIONS FROM:**

Private Residences	20.3%
General Hospitals	73.1
Nursing Homes	6.2
Other	0.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 6,002

**PERCENT DISCHARGES TO:**

Private Residences	77.9%
General Hospitals	11.8
Nursing Homes	0.3
Deaths	2.4
Other	7.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	6,036	59,801	9.9
Home Health Aide	3,591	20,886	5.8
Physical Therapy	2,932	17,739	6.1
Spch/Occ/Resp Therapy	1,235	6,460	5.2
Medical Social Service	132	276	2.1
Private Duty Nursing	6	1,691	281.8
Personal Care/PC RN Supv.	50	2,303	46.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	20	145	7.3
TOTAL	XXXXXXX	109,301	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 11.7%	Medicare 56.7%
4 to 34 4.9	Medicaid 13.4
35 to 54 14.5	Other Federal 0.0
55 to 64 13.4	State Funds 0.4
65 to 74 15.8	Private Insurance 28.7
75 to 84 24.3	Self Pay 0.7
85 & over 15.4	Other 0.0
	TOTAL PATIENTS 6,397
Males 41.2% Females 58.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 3.6%
Cancer 10.4	Genitourinary Sys. 2.3
Diabetes 3.5	Preg. & Childbirth 0.2
Diseases of Blood 0.8	Arthropathies 9.9
Dementia/Alzheimers 0.1	Osteopathies 1.1
Psychoses/Neuroses 0.8	Perinatal Period 8.3
Central Nervous Sys. 2.0	Ill-Defined Cond. 5.2
Paralysis/CP 0.0	Fractures 5.5
Cardiovascular 17.4	Wounds, Burns 2.0
Stroke 1.7	Compl. of Surgery 9.1
Respiratory 6.8	Other Conditions 8.3

**REVENUE**

Billings	\$ 16,544,656
Disallowances	4,305,826
Collections	12,238,830
Other	32,595
Total	12,271,425

**EXPENSES**

Total	\$ 11,505,461
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	7.6
Registered Nurses	90.6
Licensed Practical Nurses	10.7
Home Health Aides	25.0
Physical Therapists	18.6
Occupational Therapists	5.0
Speech Pathologists	2.9
Respiratory Therapists	0.0
Medical Social Workers	1.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.8
Other Staff	25.4
TOTAL FTEs	188.6

**Laabs Home Health Care**

619 North 35th Street  
Milwaukee WI 53208

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 342-7442

License Number: 147  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 66

**TOTAL NUMBER OF ADMISSIONS** 30

**PERCENT ADMISSIONS FROM:**

Private Residences	70.0%
General Hospitals	3.3
Nursing Homes	10.0
Other	16.7

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 27

**PERCENT DISCHARGES TO:**

Private Residences	59.3%
General Hospitals	0.0
Nursing Homes	3.7
Deaths	14.8
Other	22.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	53	9,500	179.2
Home Health Aide	16	3,989	249.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	2	192	96.0
Medical Social Service	0	0	0.0
Private Duty Nursing	6	371	61.8
Personal Care/PC RN Supv.	58	3,945	68.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,997	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 5.9%
4 to 34 16.7	Medicaid 73.5
35 to 54 34.8	Other Federal 0.0
55 to 64 19.7	State Funds 13.2
65 to 74 7.6	Private Insurance 7.4
75 to 84 12.1	Self Pay 0.0
85 & over 7.6	Other 0.0
	TOTAL PATIENTS 68
Males 40.9% Females 59.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 3.0	Genitourinary Sys. 4.5
Diabetes 25.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.6
Dementia/Alzheimers 0.0	Osteopathies 3.0
Psychoses/Neuroses 6.1	Perinatal Period 0.0
Central Nervous Sys. 12.1	Ill-Defined Cond. 4.5
Paralysis/CP 6.1	Fractures 0.0
Cardiovascular 4.5	Wounds, Burns 1.5
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 6.1	Other Conditions 15.2

REVENUE	
Billings \$	1,305,227
Disallowances	591,286
Collections	713,941
Other	0
Total	713,941

EXPENSES	
Total \$	893,642

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.0
Licensed Practical Nurses	3.9
Home Health Aides	9.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.9
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>21.3</b>



**Maxim Healthcare Services**

3077 North Mayfair Road, Suite 200  
Milwaukee WI 53222 Milwaukee County

(414) 475-9330

License Number: 1029  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 44

**COUNTIES SERVED**

Dane  
Dodge  
Kenosha  
Milwaukee  
Ozaukee  
Racine  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 76

**PERCENT ADMISSIONS FROM:**

Private Residences	18.4%
General Hospitals	31.6
Nursing Homes	2.6
Other	47.4

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 42

**PERCENT DISCHARGES TO:**

Private Residences	9.5%
General Hospitals	23.8
Nursing Homes	42.9
Deaths	2.4
Other	21.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	10	80	8.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	10	3,891	389.1
Medical Social Service	0	0	0.0
Private Duty Nursing	22	8,011	364.1
Personal Care/PC RN Supv.	52	2,255	43.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,237	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 2.2%
4 to 34 38.6	Medicaid 52.2
35 to 54 0.0	Other Federal 0.0
55 to 64 15.9	State Funds 19.6
65 to 74 18.2	Private Insurance 21.7
75 to 84 27.3	Self Pay 4.3
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 92
Males 47.7% Females 52.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 4.5%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 22.7	Wounds, Burns 9.1
Stroke 0.0	Compl. of Surgery 13.6
Respiratory 22.7	Other Conditions 27.3

**REVENUE**

Billings	\$ 1,520,762
Disallowances	0
Collections	1,520,762
Other	0
Total	1,520,762

**EXPENSES**

Total	\$ 1,835,204
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	16.7
Licensed Practical Nurses	10.2
Home Health Aides	10.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	12.6
Homemakers	8.4
Other Staff	7.0
TOTAL FTEs	68.4

**Metro Home Health Services**

6014 West Congress Street  
Milwaukee WI 53218

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 464-4490

License Number: 23  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 213

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	185	1,297	7.0
Home Health Aide	16	1,446	90.4
Physical Therapy	11	112	10.2
Spch/Occ/Resp Therapy	3	3	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	396	57,277	144.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	12	527	43.9
TOTAL	XXXXXXX	60,662	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 11.3%
4 to 34 8.5	Medicaid 61.9
35 to 54 28.2	Other Federal 0.0
55 to 64 17.8	State Funds 22.1
65 to 74 12.2	Private Insurance 2.6
75 to 84 21.6	Self Pay 0.0
85 & over 11.7	Other 2.2
	TOTAL PATIENTS 231
Males 27.7% Females 72.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.5%	Digestive Disorders 1.9%
Cancer 1.9	Genitourinary Sys. 2.8
Diabetes 4.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 30.5
Dementia/Alzheimers 2.3	Osteopathies 0.0
Psychoses/Neuroses 3.3	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 1.9
Paralysis/CP 8.5	Fractures 3.3
Cardiovascular 4.7	Wounds, Burns 1.4
Stroke 14.6	Compl. of Surgery 0.0
Respiratory 3.8	Other Conditions 12.7

**TOTAL NUMBER OF ADMISSIONS** 77

**PERCENT ADMISSIONS FROM:**

Private Residences	9.1%
General Hospitals	74.0
Nursing Homes	0.0
Other	16.9

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 95

**PERCENT DISCHARGES TO:**

Private Residences	37.9%
General Hospitals	14.7
Nursing Homes	2.1
Deaths	7.4
Other	37.9

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.3
Licensed Practical Nurses	0.1
Home Health Aides	4.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	57.0
Homemakers	0.8
Other Staff	14.6
<b>TOTAL FTES</b>	<b>81.3</b>

**REVENUE**

Billings \$	3,719,621
Disallowances	1,061,608
Collections	2,658,013
Other	260,739
<b>Total</b>	<b>2,918,752</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,013,512</b>
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**Midamerica Healthcare Corporation WI**  
 811 North Hawley Road  
 Milwaukee WI 53213 Milwaukee County

**COUNTIES SERVED**  
 Milwaukee  
 Waukesha

(414) 578-2961

License Number: 309  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 450

**TOTAL NUMBER OF ADMISSIONS** 115

**PERCENT ADMISSIONS FROM:**

Private Residences	13.0%
General Hospitals	1.7
Nursing Homes	1.7
Other	83.5

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 98

**PERCENT DISCHARGES TO:**

Private Residences	10.2%
General Hospitals	2.0
Nursing Homes	4.1
Deaths	13.3
Other	70.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	110	2,064	18.8
Home Health Aide	5	323	64.6
Physical Therapy	1	1	1.0
Spch/Occ/Resp Therapy	2	2	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	874	211,971	242.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	7	1,140	162.9
TOTAL	XXXXXXX	215,501	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.8%
4 to 34 11.1	Medicaid 86.3
35 to 54 11.8	Other Federal 0.0
55 to 64 15.6	State Funds 12.8
65 to 74 21.3	Private Insurance 0.0
75 to 84 30.2	Self Pay 0.2
85 & over 10.0	Other 0.0
	TOTAL PATIENTS 531
Males 33.6% Females 66.4 %	

PRIMARY DIAGNOSIS			
Infectious Disorders	0.7%	Digestive Disorders	0.7%
Cancer	1.8	Genitourinary Sys.	3.6
Diabetes	1.6	Preg. & Childbirth	0.2
Diseases of Blood	1.1	Arthropathies	41.6
Dementia/Alzheimers	1.1	Osteopathies	1.1
Psychoses/Neuroses	5.1	Perinatal Period	0.0
Central Nervous Sys.	3.1	Ill-Defined Cond.	4.9
Paralysis/CP	4.0	Fractures	1.1
Cardiovascular	4.9	Wounds, Burns	1.8
Stroke	6.0	Compl. of Surgery	0.2
Respiratory	4.7	Other Conditions	10.9

REVENUE	
Billings	\$ 8,672,775
Disallowances	1,663,770
Collections	7,009,005
Other	1,820
Total	7,010,825

EXPENSES	
Total	\$ 6,430,219

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	6.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	176.8
Homemakers	0.7
Other Staff	9.1
<b>TOTAL FTES</b>	<b>202.3</b>

**Quality Assurance Home Health Services**

8320 West Beatrice Court

Milwaukee WI 53224

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 362-0362

License Number: 1023

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 136

**TOTAL NUMBER OF ADMISSIONS** 67**PERCENT ADMISSIONS FROM:**

Private Residences	31.3%
General Hospitals	23.9
Nursing Homes	0.0
Other	44.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 42

**PERCENT DISCHARGES TO:**

Private Residences	64.3%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	9.5
Other	26.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	136	7,145	52.5
Home Health Aide	50	1,984	39.7
Physical Therapy	30	196	6.5
Spch/Occ/Resp Therapy	56	585	10.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	172	24,830	144.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	34,740	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 24.3%
4 to 34 11.8	Medicaid 52.2
35 to 54 27.2	Other Federal 0.0
55 to 64 16.2	State Funds 18.4
65 to 74 16.9	Private Insurance 0.7
75 to 84 19.9	Self Pay 0.0
85 & over 7.4	Other 4.4
	TOTAL PATIENTS 136
Males 44.9% Females 55.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.7%
Cancer 0.0	Genitourinary Sys. 2.2
Diabetes 18.4	Preg. & Childbirth 0.0
Diseases of Blood 2.2	Arthropathies 5.9
Dementia/Alzheimers 2.2	Osteopathies 0.0
Psychoses/Neuroses 3.7	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 8.8
Paralysis/CP 9.6	Fractures 0.0
Cardiovascular 2.9	Wounds, Burns 4.4
Stroke 6.6	Compl. of Surgery 0.0
Respiratory 3.7	Other Conditions 26.5

REVENUE	
Billings \$	3,083,219
Disallowances	1,457,525
Collections	1,625,694
Other	0
Total	1,625,694

EXPENSES	
Total \$	1,466,170

**STAFFING FTES**

Administrators	2.0
Reg. Nurse Supervisors	2.0
Registered Nurses	9.0
Licensed Practical Nurses	1.0
Home Health Aides	30.0
Physical Therapists	1.0
Occupational Therapists	1.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	33.0
Homemakers	0.0
Other Staff	5.0
TOTAL FTES	84.0

**"Your Nurse" Home Health Care**

5818 West Bluemound Road

Milwaukee WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Waukesha

(414) 774-9400

License Number: 312

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 28

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	6,303	350.2
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	1	417	417.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	446	223.0
Personal Care/PC RN Supv.	10	1,423	142.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,589	XXXXX

AGE AND SEX OF PATIENTS		PATIENT REIMBURSEMENT SOURCE	
Under 4	0.0%	Medicare	0.0%
4 to 34	28.6	Medicaid	85.7
35 to 54	28.6	Other Federal	0.0
55 to 64	17.9	State Funds	14.3
65 to 74	7.1	Private Insurance	0.0
75 to 84	14.3	Self Pay	0.0
85 & over	3.6	Other	0.0
		TOTAL PATIENTS	28
Males 50.0%	Females 50.0 %		

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.0%
Cancer	3.6	Genitourinary Sys.	25.0
Diabetes	17.9	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	0.0
Dementia/Alzheimers	0.0	Osteopathies	0.0
Psychoses/Neuroses	3.6	Perinatal Period	3.6
Central Nervous Sys.	10.7	Ill-Defined Cond.	7.1
Paralysis/CP	0.0	Fractures	0.0
Cardiovascular	0.0	Wounds, Burns	7.1
Stroke	0.0	Compl. of Surgery	7.1
Respiratory	3.6	Other Conditions	10.7

TOTAL NUMBER OF ADMISSIONS 4

**PERCENT ADMISSIONS FROM:**

Private Residences	50.0%
General Hospitals	0.0
Nursing Homes	25.0
Other	25.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 9

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	11.1
Nursing Homes	22.2
Deaths	11.1
Other	55.6

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.5
Licensed Practical Nurses	2.8
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.1
Homemakers	0.0
Other Staff	1.1
TOTAL FTEs	9.4

**REVENUE**

Billings	\$ 1,182,706
Disallowances	490,797
Collections	691,909
Other	17,556
Total	709,465

**EXPENSES**

Total	\$ 660,369
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**Nursing Consultation & Care Management**

3878 North Morris Boulevard  
Shorewood WI 53211

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 964-8800

License Number: 225  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 17

**TOTAL NUMBER OF ADMISSIONS** 7

**PERCENT ADMISSIONS FROM:**

Private Residences	42.9%
General Hospitals	28.6
Nursing Homes	14.3
Other	14.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 7

**PERCENT DISCHARGES TO:**

Private Residences	71.4%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	28.6
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	192	12.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	550	275.0
Personal Care/PC RN Supv.	30	4,184	139.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,926	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 5.9	Medicaid 0.0
35 to 54 0.0	Other Federal 0.0
55 to 64 11.8	State Funds 0.0
65 to 74 11.8	Private Insurance 0.0
75 to 84 11.8	Self Pay 100.0
85 & over 58.8	Other 0.0
	TOTAL PATIENTS 18
Males 23.5% Females 76.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 0.0%		
Cancer 0.0	Genitourinary Sys. 0.0		
Diabetes 5.9	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 0.0		
Dementia/Alzheimers 0.0	Osteopathies 0.0		
Psychoses/Neuroses 0.0	Perinatal Period 0.0		
Central Nervous Sys. 5.9	Ill-Defined Cond. 5.9		
Paralysis/CP 47.1	Fractures 5.9		
Cardiovascular 0.0	Wounds, Burns 0.0		
Stroke 0.0	Compl. of Surgery 11.8		
Respiratory 0.0	Other Conditions 17.6		

REVENUE		
Billings \$	873,941	
Disallowances	160	
Collections	873,781	
Other	0	
Total	873,781	

EXPENSES		
Total \$	883,859	

**STAFFING FTES**

Administrators	2.0
Reg. Nurse Supervisors	1.4
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	13.5
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	18.0

**Anew Home Health Care**

7425 Harwood Avenue  
Wauwatosa WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 475-7788

License Number: 122  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 85

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	9	27	3.0
Home Health Aide	2	983	491.5
Physical Therapy	2	15	7.5
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	166	25,549	153.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	84	42.0
TOTAL	XXXXXXX	26,658	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 2.4%
4 to 34 16.5	Medicaid 96.5
35 to 54 49.4	Other Federal 0.0
55 to 64 20.0	State Funds 1.2
65 to 74 9.4	Private Insurance 0.0
75 to 84 2.4	Self Pay 0.0
85 & over 2.4	Other 0.0
	TOTAL PATIENTS 85
Males 49.4% Females 50.6 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.4%
Cancer 2.4	Genitourinary Sys. 2.4
Diabetes 3.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 23.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 4.7	Perinatal Period 0.0
Central Nervous Sys. 4.7	Ill-Defined Cond. 0.0
Paralysis/CP 15.3	Fractures 0.0
Cardiovascular 1.2	Wounds, Burns 1.2
Stroke 8.2	Compl. of Surgery 0.0
Respiratory 3.5	Other Conditions 27.1

**TOTAL NUMBER OF ADMISSIONS** 33

**PERCENT ADMISSIONS FROM:**

Private Residences	90.9%
General Hospitals	9.1
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 40

**PERCENT DISCHARGES TO:**

Private Residences	62.5%
General Hospitals	10.0
Nursing Homes	2.5
Deaths	2.5
Other	22.5

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	2.8
Licensed Practical Nurses	0.0
Home Health Aides	3.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	18.3
Homemakers	0.1
Other Staff	7.0
<b>TOTAL FTES</b>	<b>33.4</b>

**REVENUE**

Billings \$	888,038
Disallowances	28,501
Collections	859,537
Other	0
<b>Total</b>	<b>859,537</b>

**EXPENSES**

<b>Total \$</b>	<b>828,495</b>
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**Camillus Cares Home Health**  
10101 West Wisconsin Avenue  
Wauwatosa WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 258-2418

License Number: 148  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 127

**TOTAL NUMBER OF ADMISSIONS** 92

**PERCENT ADMISSIONS FROM:**

Private Residences	64.1%
General Hospitals	21.7
Nursing Homes	9.8
Other	4.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 84

**PERCENT DISCHARGES TO:**

Private Residences	60.7%
General Hospitals	6.0
Nursing Homes	20.2
Deaths	10.7
Other	2.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	74	960	13.0
Home Health Aide	35	5,398	154.2
Physical Therapy	44	347	7.9
Spch/Occ/Resp Therapy	17	81	4.8
Medical Social Service	0	0	0.0
Private Duty Nursing	30	885	29.5
Personal Care/PC RN Supv.	26	1,204	46.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,875	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 59.1%
4 to 34 0.0	Medicaid 9.8
35 to 54 2.4	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 8.7	Private Insurance 1.5
75 to 84 31.5	Self Pay 29.5
85 & over 57.5	Other 0.0
	TOTAL PATIENTS 132
Males 21.3% Females 78.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 0.8%		
Cancer 5.5	Genitourinary Sys. 3.1		
Diabetes 2.4	Preg. & Childbirth 0.0		
Diseases of Blood 2.4	Arthropathies 16.5		
Dementia/Alzheimers 4.7	Osteopathies 0.0		
Psychoses/Neuroses 4.7	Perinatal Period 0.0		
Central Nervous Sys. 2.4	Ill-Defined Cond. 11.0		
Paralysis/CP 0.0	Fractures 3.9		
Cardiovascular 14.2	Wounds, Burns 3.1		
Stroke 9.4	Compl. of Surgery 0.0		
Respiratory 9.4	Other Conditions 6.3		

REVENUE		
Billings \$	614,818	
Disallowances	31,424	
Collections	583,394	
Other	89,340	
Total	672,734	

EXPENSES		
Total \$	868,824	

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	1.5
Licensed Practical Nurses	0.3
Home Health Aides	19.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	26.1



**Preferred Home Health Services**

9800 West Bluemound Road  
Wauwatosa WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 774-3901

License Number: 278  
Ownership of Agency: Limited Liability Partnership  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 341

**TOTAL NUMBER OF ADMISSIONS** 229

**PERCENT ADMISSIONS FROM:**

Private Residences	88.2%
General Hospitals	10.9
Nursing Homes	0.0
Other	0.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 200

**PERCENT DISCHARGES TO:**

Private Residences	81.0%
General Hospitals	12.0
Nursing Homes	2.0
Deaths	3.5
Other	1.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	121	12,502	103.3
Home Health Aide	21	5,052	240.6
Physical Therapy	25	225	9.0
Spch/Occ/Resp Therapy	3	26	8.7
Medical Social Service	0	0	0.0
Private Duty Nursing	1	138	138.0
Personal Care/PC RN Supv.	474	46,646	98.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	7	1,455	207.9
TOTAL	XXXXXXX	66,044	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 8.4%
4 to 34 11.1	Medicaid 36.9
35 to 54 43.7	Other Federal 0.0
55 to 64 21.7	State Funds 9.2
65 to 74 12.9	Private Insurance 44.3
75 to 84 7.0	Self Pay 1.1
85 & over 2.9	Other 0.0
	TOTAL PATIENTS 379
Males 27.0% Females 73.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.6%
Cancer 1.8	Genitourinary Sys. 2.3
Diabetes 9.1	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 31.7
Dementia/Alzheimers 0.6	Osteopathies 1.2
Psychoses/Neuroses 5.9	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 8.2
Paralysis/CP 3.8	Fractures 1.5
Cardiovascular 5.3	Wounds, Burns 4.1
Stroke 5.0	Compl. of Surgery 0.0
Respiratory 2.9	Other Conditions 12.6

**REVENUE**

Billings \$	5,311,287
Disallowances	2,562,597
Collections	2,748,690
Other	0
Total	2,748,690

**EXPENSES**

Total \$	2,151,081
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.4
Registered Nurses	4.2
Licensed Practical Nurses	0.6
Home Health Aides	7.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	45.9
Homemakers	0.7
Other Staff	6.7
TOTAL FTEs	66.6

**ANS Home Health Services**

2711 South 84th Street

West Allis WI 53227

Milwaukee County

(414) 481-9800

License Number: 306

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 377

**COUNTIES SERVED**

Dane

Dodge

Jefferson

Milwaukee

Ozaukee

Walworth

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 162**PERCENT ADMISSIONS FROM:**

Private Residences	79.6%
General Hospitals	12.3
Nursing Homes	5.6
Other	2.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 166

**PERCENT DISCHARGES TO:**

Private Residences	59.6%
General Hospitals	25.9
Nursing Homes	6.6
Deaths	6.6
Other	1.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	55	6,005	109.2
Home Health Aide	19	17,235	907.1
Physical Therapy	3	67	22.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	682	59,074	86.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	27	2,796	103.6
TOTAL	XXXXXXX	85,177	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 0.0%
4 to 34 13.5	Medicaid 85.2
35 to 54 18.3	Other Federal 1.0
55 to 64 15.4	State Funds 10.2
65 to 74 19.4	Private Insurance 1.5
75 to 84 26.0	Self Pay 2.2
85 & over 6.9	Other 0.0
	TOTAL PATIENTS 411
Males 37.9% Females 62.1 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.6%	Digestive Disorders 0.5%		
Cancer 0.8	Genitourinary Sys. 3.2		
Diabetes 3.4	Preg. & Childbirth 0.0		
Diseases of Blood 0.8	Arthropathies 36.9		
Dementia/Alzheimers 2.4	Osteopathies 2.4		
Psychoses/Neuroses 1.6	Perinatal Period 0.0		
Central Nervous Sys. 6.1	Ill-Defined Cond. 4.8		
Paralysis/CP 9.3	Fractures 0.0		
Cardiovascular 2.4	Wounds, Burns 1.3		
Stroke 9.0	Compl. of Surgery 0.3		
Respiratory 2.7	Other Conditions 10.6		

REVENUE	
Billings \$	8,224,280
Disallowances	2,913,762
Collections	5,310,518
Other	360,749
Total	5,671,267

EXPENSES	
Total \$	5,745,915

**STAFFING FTES**

Administrators	2.0
Reg. Nurse Supervisors	1.0
Registered Nurses	9.1
Licensed Practical Nurses	0.4
Home Health Aides	34.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	4.0
Other Therapeutic Staff	0.0
Personal Care Workers	76.7
Homemakers	0.0
Other Staff	14.9
TOTAL FTES	142.5

**Aseracare Home Health**

6737 West Washington, Suite 3200

West Allis WI 53214 Milwaukee County

(414) 607-0347

License Number: 1031

Ownership of Agency: Limited Liability Company

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 570

**COUNTIES SERVED**

Dodge

Kenosha

Milwaukee

Ozaukee

Racine

Walworth

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 570**PERCENT ADMISSIONS FROM:**

Private Residences	15.1%
General Hospitals	15.3
Nursing Homes	54.9
Other	14.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 520

**PERCENT DISCHARGES TO:**

Private Residences	70.4%
General Hospitals	13.8
Nursing Homes	1.0
Deaths	0.4
Other	14.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	384	4,778	12.4
Home Health Aide	99	845	8.5
Physical Therapy	423	2,592	6.1
Spch/Occ/Resp Therapy	332	1,513	4.6
Medical Social Service	80	101	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	1	1	1.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,830	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 91.4%
4 to 34 2.1	Medicaid 2.6
35 to 54 5.1	Other Federal 0.0
55 to 64 7.7	State Funds 1.2
65 to 74 16.8	Private Insurance 3.0
75 to 84 41.4	Self Pay 0.4
85 & over 26.8	Other 1.4
	TOTAL PATIENTS 570
Males 36.5% Females 63.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.7%	Digestive Disorders 0.5%		
Cancer 4.0	Genitourinary Sys. 1.4		
Diabetes 12.3	Preg. & Childbirth 0.0		
Diseases of Blood 0.5	Arthropathies 4.6		
Dementia/Alzheimers 0.9	Osteopathies 0.5		
Psychoses/Neuroses 0.5	Perinatal Period 0.2		
Central Nervous Sys. 1.8	Ill-Defined Cond. 27.9		
Paralysis/CP 0.4	Fractures 1.9		
Cardiovascular 6.5	Wounds, Burns 3.3		
Stroke 3.0	Compl. of Surgery 0.9		
Respiratory 3.3	Other Conditions 24.9		

REVENUE		
Billings \$	1,637,309	
Disallowances	198,814	
Collections	1,438,495	
Other	0	
Total	1,438,495	

EXPENSES		
Total \$	953,753	

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.0
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	2.1
Occupational Therapists	1.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.0
<b>TOTAL FTES</b>	<b>16.9</b>

**Gentiva Health Services**

10909 West Greenfield Avenue  
West Allis WI 53214

Milwaukee County

(414) 257-1156

**COUNTIES SERVED**

Fond du Lac  
Milwaukee  
Ozaukee  
Washington  
Waukesha

License Number: 237  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 670

**TOTAL NUMBER OF ADMISSIONS** 583

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	28.3
Nursing Homes	0.2
Other	71.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 652

**PERCENT DISCHARGES TO:**

Private Residences	84.4%
General Hospitals	4.6
Nursing Homes	0.5
Deaths	1.1
Other	9.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	536	3,557	6.6
Home Health Aide	27	2,908	107.7
Physical Therapy	236	1,363	5.8
Spch/Occ/Resp Therapy	105	575	5.5
Medical Social Service	4	4	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	1,652	275.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,059	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 15.8%	Medicare 29.5%
4 to 34 11.6	Medicaid 7.1
35 to 54 20.3	Other Federal 0.0
55 to 64 14.5	State Funds 0.0
65 to 74 9.9	Private Insurance 58.9
75 to 84 17.6	Self Pay 4.6
85 & over 10.3	Other 0.0
	TOTAL PATIENTS 764
Males 40.3% Females 59.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 0.9%
Cancer 0.9	Genitourinary Sys. 0.4
Diabetes 1.8	Preg. & Childbirth 0.3
Diseases of Blood 0.3	Arthropathies 0.0
Dementia/Alzheimers 0.6	Osteopathies 7.9
Psychoses/Neuroses 0.7	Perinatal Period 10.7
Central Nervous Sys. 0.0	Ill-Defined Cond. 6.9
Paralysis/CP 0.0	Fractures 0.4
Cardiovascular 4.3	Wounds, Burns 1.3
Stroke 0.0	Compl. of Surgery 1.0
Respiratory 2.8	Other Conditions 58.2

**REVENUE**

Billings \$	1,565,546
Disallowances	474,992
Collections	1,090,554
Other	0
Total	1,090,554

**EXPENSES**

Total \$	1,032,685
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**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.8
Registered Nurses	0.7
Licensed Practical Nurses	0.1
Home Health Aides	4.2
Physical Therapists	0.3
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.6
Homemakers	0.0
Other Staff	2.6
TOTAL FTEs	15.4

**Gentiva Health Services**

10909 West Greenfield Avenue  
West Allis WI 53214

Milwaukee County

(414) 257-1156

**COUNTIES SERVED**

Kenosha  
Milwaukee  
Racine  
Washington  
Waukesha

License Number: 287  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 103

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	1,345	70.8
Home Health Aide	54	3,895	72.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	100	5,246	52.5
Other Home Health Care	47	595	12.7
Homemkr & Other Non HH	6	122	20.3
TOTAL	XXXXXXX	11,203	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.9%	Medicare 0.0%
4 to 34 8.7	Medicaid 0.0
35 to 54 15.5	Other Federal 0.0
55 to 64 14.6	State Funds 0.0
65 to 74 12.6	Private Insurance 55.0
75 to 84 26.2	Self Pay 15.8
85 & over 20.4	Other 29.2
	TOTAL PATIENTS 120
Males 41.7% Females 58.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.0%	Digestive Disorders 1.0%
Cancer 1.0	Genitourinary Sys. 0.0
Diabetes 4.9	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 15.5
Dementia/Alzheimers 4.9	Osteopathies 0.0
Psychoses/Neuroses 4.9	Perinatal Period 0.0
Central Nervous Sys. 20.4	Ill-Defined Cond. 5.8
Paralysis/CP 0.0	Fractures 1.9
Cardiovascular 18.4	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 6.8	Other Conditions 12.6

REVENUE	
Billings \$	681,730
Disallowances	40,898
Collections	640,832
Other	0
Total	640,832
<b>EXPENSES</b>	
Total \$	795,013

**TOTAL NUMBER OF ADMISSIONS** 43

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	74.4
Nursing Homes	0.0
Other	25.6

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 60

**PERCENT DISCHARGES TO:**

Private Residences	68.3%
General Hospitals	11.7
Nursing Homes	0.0
Deaths	5.0
Other	15.0

**STAFFING FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.5
Registered Nurses	2.1
Licensed Practical Nurses	2.1
Home Health Aides	10.3
Physical Therapists	0.5
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.1
<b>TOTAL FTES</b>	<b>17.9</b>

**Professional Home Care Services**

8410 West Cleveland Avenue

West Allis WI 53227

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Waukesha

(414) 541-6010

License Number: 279

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 101

**TOTAL NUMBER OF ADMISSIONS** 62**PERCENT ADMISSIONS FROM:**

Private Residences	56.5%
General Hospitals	43.5
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 63

**PERCENT DISCHARGES TO:**

Private Residences	47.6%
General Hospitals	19.0
Nursing Homes	12.7
Deaths	0.0
Other	20.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	53	2,848	53.7
Home Health Aide	45	4,964	110.3
Physical Therapy	21	528	25.1
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	139	11,479	82.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,819	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 12.4%
4 to 34 8.9	Medicaid 34.5
35 to 54 20.8	Other Federal 0.0
55 to 64 12.9	State Funds 35.4
65 to 74 16.8	Private Insurance 0.0
75 to 84 27.7	Self Pay 17.7
85 & over 12.9	Other 0.0
	TOTAL PATIENTS 113
Males 32.7% Females 67.3 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.0%	Digestive Disorders 2.0%		
Cancer 4.0	Genitourinary Sys. 0.0		
Diabetes 7.9	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 9.9		
Dementia/Alzheimers 4.0	Osteopathies 0.0		
Psychoses/Neuroses 3.0	Perinatal Period 0.0		
Central Nervous Sys. 5.0	Ill-Defined Cond. 2.0		
Paralysis/CP 9.9	Fractures 4.0		
Cardiovascular 11.9	Wounds, Burns 8.9		
Stroke 8.9	Compl. of Surgery 1.0		
Respiratory 6.9	Other Conditions 9.9		

REVENUE	
Billings \$	765,407
Disallowances	19,446
Collections	745,961
Other	0
Total	745,961

EXPENSES	
Total \$	748,091

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.3
Home Health Aides	5.2
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.5
Homemakers	0.0
Other Staff	2.0
TOTAL FTES	17.0

**Monroe County Health Department**

14301 County Highway B, A18

Sparta WI 54656

Monroe County

**COUNTIES SERVED**

Monroe

(608) 269-8666

License Number: 83

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 97

**TOTAL NUMBER OF ADMISSIONS** 48**PERCENT ADMISSIONS FROM:**

Private Residences	6.3%
General Hospitals	37.5
Nursing Homes	18.8
Other	37.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 54

**PERCENT DISCHARGES TO:**

Private Residences	37.0%
General Hospitals	20.4
Nursing Homes	24.1
Deaths	11.1
Other	7.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	97	2,529	26.1
Home Health Aide	33	1,208	36.6
Physical Therapy	7	66	9.4
Spch/Occ/Resp Therapy	2	87	43.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	316	39.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,206	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 60.2%
4 to 34 0.0	Medicaid 12.6
35 to 54 4.1	Other Federal 0.0
55 to 64 9.3	State Funds 3.9
65 to 74 15.5	Private Insurance 6.8
75 to 84 28.9	Self Pay 5.8
85 & over 41.2	Other 10.7
	TOTAL PATIENTS 103
Males 35.1%	Females 64.9 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.1%	Digestive Disorders 3.1%
Cancer 5.2	Genitourinary Sys. 7.2
Diabetes 14.4	Preg. & Childbirth 0.0
Diseases of Blood 4.1	Arthropathies 8.2
Dementia/Alzheimers 0.0	Osteopathies 1.0
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 1.0
Paralysis/CP 0.0	Fractures 6.2
Cardiovascular 26.8	Wounds, Burns 4.1
Stroke 5.2	Compl. of Surgery 0.0
Respiratory 10.3	Other Conditions 0.0

REVENUE	
Billings \$	344,892
Disallowances	62,521
Collections	282,371
Other	0
Total	282,371

EXPENSES	
Total \$	353,068

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.2
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.3
TOTAL FTES	7.3

**The Woodlands Home Health**451 Mill Street  
Suring WI 54174

Oconto County

**COUNTIES SERVED**Marinette  
Oconto  
Shawano

(920) 842-4132

License Number: 1017  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 85

**TOTAL NUMBER OF ADMISSIONS** 80**PERCENT ADMISSIONS FROM:**

Private Residences 13.8%  
 General Hospitals 50.0  
 Nursing Homes 33.8  
 Other 2.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 67

**PERCENT DISCHARGES TO:**

Private Residences 67.2%  
 General Hospitals 10.4  
 Nursing Homes 14.9  
 Deaths 3.0  
 Other 4.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	83	1,340	16.1
Home Health Aide	36	798	22.2
Physical Therapy	20	116	5.8
Spch/Occ/Resp Therapy	11	75	6.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,329	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 95.5%
4 to 34 2.4	Medicaid 1.1
35 to 54 4.7	Other Federal 0.0
55 to 64 12.9	State Funds 0.0
65 to 74 24.7	Private Insurance 3.4
75 to 84 30.6	Self Pay 0.0
85 & over 24.7	Other 0.0
	TOTAL PATIENTS 89
Males 51.8% Females 48.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 5.9%
Cancer 2.4	Genitourinary Sys. 5.9
Diabetes 7.1	Preg. & Childbirth 0.0
Diseases of Blood 2.4	Arthropathies 14.1
Dementia/Alzheimers 1.2	Osteopathies 1.2
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.2	Ill-Defined Cond. 7.1
Paralysis/CP 0.0	Fractures 5.9
Cardiovascular 14.1	Wounds, Burns 1.2
Stroke 5.9	Compl. of Surgery 0.0
Respiratory 15.3	Other Conditions 9.4

**REVENUE**

Billings \$ 240,612  
 Disallowances 120,244  
 Collections 120,368  
 Other 0  
 Total 120,368

**EXPENSES**

Total \$ 150,093

**STAFFING****FTEs**

Administrators 1.0  
 Reg. Nurse Supervisors 0.0  
 Registered Nurses 1.0  
 Licensed Practical Nurses 0.0  
 Home Health Aides 0.6  
 Physical Therapists 0.0  
 Occupational Therapists 0.5  
 Speech Pathologists 0.0  
 Respiratory Therapists 0.0  
 Medical Social Workers 0.0  
 Other Therapeutic Staff 0.0  
 Personal Care Workers 0.0  
 Homemakers 0.0  
 Other Staff 0.4  
 TOTAL FTEs 3.5



**Ministry Home Care Home Health Rhinelander**  
 1860 North Stevens Street, PO Box 716  
 Rhinelander WI 54501 Oneida County  
 (715) 361-2230

**COUNTIES SERVED**

Forest  
 Iron  
 Langlade  
 Lincoln  
 Oneida  
 Price  
 Vilas

License Number: 253  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 885

**TOTAL NUMBER OF ADMISSIONS** 897

**PERCENT ADMISSIONS FROM:**

Private Residences 36.5%  
 General Hospitals 52.1  
 Nursing Homes 10.1  
 Other 1.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 896

**PERCENT DISCHARGES TO:**

Private Residences 76.0%  
 General Hospitals 3.3  
 Nursing Homes 6.1  
 Deaths 4.1  
 Other 10.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	672	6,153	9.2
Home Health Aide	154	4,592	29.8
Physical Therapy	466	3,884	8.3
Spch/Occ/Resp Therapy	269	1,283	4.8
Medical Social Service	140	192	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	104	2,963	28.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	25	670	26.8
TOTAL	XXXXXXX	19,737	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.1%	Medicare 72.6%
4 to 34 2.9	Medicaid 11.9
35 to 54 7.2	Other Federal 0.0
55 to 64 10.5	State Funds 0.0
65 to 74 19.3	Private Insurance 11.4
75 to 84 36.2	Self Pay 3.0
85 & over 23.7	Other 1.1
	TOTAL PATIENTS 927
Males 41.8% Females 58.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 1.5%
Cancer 1.8	Genitourinary Sys. 1.0
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 2.3
Dementia/Alzheimers 0.5	Osteopathies 0.6
Psychoses/Neuroses 1.1	Perinatal Period 0.1
Central Nervous Sys. 0.9	Ill-Defined Cond. 2.6
Paralysis/CP 1.2	Fractures 0.6
Cardiovascular 9.8	Wounds, Burns 0.8
Stroke 1.5	Compl. of Surgery 1.4
Respiratory 5.2	Other Conditions 62.0

**REVENUE**

Billings \$	2,089,234
Disallowances	5,479
Collections	2,083,755
Other	650
Total	2,084,405

**EXPENSES**

Total \$	2,646,305
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	10.1
Licensed Practical Nurses	0.0
Home Health Aides	8.6
Physical Therapists	4.2
Occupational Therapists	1.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.6
Other Therapeutic Staff	0.0
Personal Care Workers	1.3
Homemakers	0.0
Other Staff	3.6
TOTAL FTEs	30.8

**Ozaukee County Public Health Department**  
 121 West Main, Box 994  
 Port Washington WI 53074      Ozaukee County

**COUNTIES SERVED**  
 Ozaukee

(262) 284-8170

License Number: 89  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? No  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 51

**TOTAL NUMBER OF ADMISSIONS** 35

**PERCENT ADMISSIONS FROM:**

Private Residences	34.3%
General Hospitals	0.0
Nursing Homes	0.0
Other	65.7

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 32

**PERCENT DISCHARGES TO:**

Private Residences	31.3%
General Hospitals	34.4
Nursing Homes	21.9
Deaths	3.1
Other	9.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	39	474	12.2
Home Health Aide	29	1,042	35.9
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	48	1,985	41.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,501	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4      0.0%	Medicare      0.0%
4 to 34      2.0	Medicaid      40.0
35 to 54      13.7	Other Federal      0.0
55 to 64      11.8	State Funds      0.0
65 to 74      7.8	Private Insurance      4.6
75 to 84      33.3	Self Pay      55.4
85 & over      31.4	Other      0.0
	TOTAL PATIENTS      65
Males 31.4%      Females 68.6 %	

PRIMARY DIAGNOSIS	
Infectious Disorders      0.0%	Digestive Disorders      0.0%
Cancer      3.9	Genitourinary Sys.      0.0
Diabetes      5.9	Preg. & Childbirth      0.0
Diseases of Blood      0.0	Arthropathies      17.6
Dementia/Alzheimers      17.6	Osteopathies      0.0
Psychoses/Neuroses      5.9	Perinatal Period      0.0
Central Nervous Sys.      0.0	Ill-Defined Cond.      0.0
Paralysis/CP      15.7	Fractures      0.0
Cardiovascular      11.8	Wounds, Burns      0.0
Stroke      15.7	Compl. of Surgery      0.0
Respiratory      3.9	Other Conditions      2.0

REVENUE	
Billings \$	99,033
Disallowances	30,676
Collections	68,357
Other	0
Total	68,357

EXPENSES	
Total \$	295,486

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	6.5

**Pepin County Nursing Service**

740 7th Avenue West  
Durand WI 54736

Pepin County

**COUNTIES SERVED**

Pepin

(715) 672-5961

License Number: 90  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 124

**TOTAL NUMBER OF ADMISSIONS** 100

**PERCENT ADMISSIONS FROM:**

Private Residences	45.0%
General Hospitals	23.0
Nursing Homes	20.0
Other	12.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 105

**PERCENT DISCHARGES TO:**

Private Residences	48.6%
General Hospitals	12.4
Nursing Homes	18.1
Deaths	3.8
Other	17.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	97	806	8.3
Home Health Aide	20	298	14.9
Physical Therapy	6	44	7.3
Spch/Occ/Resp Therapy	3	18	6.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	104	4,295	41.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	68	2,689	39.5
TOTAL	XXXXXXX	8,150	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 17.4%
4 to 34 2.4	Medicaid 38.3
35 to 54 10.5	Other Federal 2.0
55 to 64 8.1	State Funds 0.0
65 to 74 20.2	Private Insurance 2.7
75 to 84 34.7	Self Pay 14.8
85 & over 23.4	Other 24.8
	TOTAL PATIENTS 149
Males 32.3% Females 67.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.6%
Cancer 1.6	Genitourinary Sys. 4.8
Diabetes 9.7	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 13.7
Dementia/Alzheimers 1.6	Osteopathies 0.8
Psychoses/Neuroses 5.6	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 1.6
Paralysis/CP 1.6	Fractures 8.1
Cardiovascular 17.7	Wounds, Burns 0.0
Stroke 10.5	Compl. of Surgery 0.8
Respiratory 4.0	Other Conditions 12.1

REVENUE	
Billings \$	334,619
Disallowances	60,842
Collections	273,777
Other	0
Total	273,777

EXPENSES	
Total \$	345,975

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.3
Homemakers	4.0
Other Staff	1.8
TOTAL FTES	15.1

**Pierce County Home Care**

412 West Kinne Street, Box 238  
Ellsworth WI 54011

Pierce County

**COUNTIES SERVED**

Pierce

(715) 273-6756

License Number: 91  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 68

**TOTAL NUMBER OF ADMISSIONS** 58

**PERCENT ADMISSIONS FROM:**

Private Residences	43.1%
General Hospitals	27.6
Nursing Homes	24.1
Other	5.2

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 59

**PERCENT DISCHARGES TO:**

Private Residences	59.3%
General Hospitals	15.3
Nursing Homes	18.6
Deaths	3.4
Other	3.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	68	1,116	16.4
Home Health Aide	33	464	14.1
Physical Therapy	10	34	3.4
Spch/Occ/Resp Therapy	2	7	3.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	32	1,344	42.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,965	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 58.2%
4 to 34 0.0	Medicaid 26.6
35 to 54 5.9	Other Federal 0.0
55 to 64 13.2	State Funds 0.0
65 to 74 16.2	Private Insurance 8.9
75 to 84 44.1	Self Pay 2.5
85 & over 19.1	Other 3.8
	TOTAL PATIENTS 79
Males 45.6% Females 54.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 2.9%	Digestive Disorders 5.9%
Cancer 4.4	Genitourinary Sys. 4.4
Diabetes 14.7	Preg. & Childbirth 0.0
Diseases of Blood 2.9	Arthropathies 4.4
Dementia/Alzheimers 1.5	Osteopathies 0.0
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 4.4	Ill-Defined Cond. 11.8
Paralysis/CP 1.5	Fractures 8.8
Cardiovascular 10.3	Wounds, Burns 2.9
Stroke 0.0	Compl. of Surgery 4.4
Respiratory 7.4	Other Conditions 5.9

REVENUE	
Billings \$	278,555
Disallowances	97,874
Collections	180,681
Other	0
Total	180,681

EXPENSES	
Total \$	292,018

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.6
Homemakers	0.0
Other Staff	1.4
TOTAL FTES	6.9

**Spring Valley Home Health Services**

W500 State Road 29

Spring Valley WI 54767

Pierce County

(715) 778-5545

**COUNTIES SERVED**

Dunn

Pierce

St. Croix

License Number: 349

Ownership of Agency: City

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 128

**TOTAL NUMBER OF ADMISSIONS** 39**PERCENT ADMISSIONS FROM:**

Private Residences	56.4%
General Hospitals	10.3
Nursing Homes	17.9
Other	15.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 28

**PERCENT DISCHARGES TO:**

Private Residences	17.9%
General Hospitals	3.6
Nursing Homes	60.7
Deaths	3.6
Other	14.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	7	117	16.7
Home Health Aide	3	138	46.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	134	13,376	99.8
Other Home Health Care	10	255	25.5
Homemkr & Other Non HH	95	7,204	75.8
TOTAL	XXXXXXX	21,090	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 22.7	Medicaid 33.1
35 to 54 10.2	Other Federal 57.1
55 to 64 7.8	State Funds 0.0
65 to 74 12.5	Private Insurance 1.8
75 to 84 29.7	Self Pay 8.0
85 & over 17.2	Other 0.0
	TOTAL PATIENTS 163
Males 38.3% Females 61.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.8%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 2.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.1
Dementia/Alzheimers 5.5	Osteopathies 23.4
Psychoses/Neuroses 5.5	Perinatal Period 0.8
Central Nervous Sys. 6.3	Ill-Defined Cond. 4.7
Paralysis/CP 8.6	Fractures 1.6
Cardiovascular 8.6	Wounds, Burns 3.9
Stroke 7.8	Compl. of Surgery 0.0
Respiratory 7.0	Other Conditions 10.2

**REVENUE**

Billings	\$ 1,457,379
Disallowances	363,841
Collections	1,093,538
Other	0
Total	1,093,538

**EXPENSES**

Total	\$ 1,071,815
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	32.1
Homemakers	4.7
Other Staff	2.1
TOTAL FTEs	42.5

**Polk County Home Care Program**

100 Polk County Plaza, Suite 180

Balsam Lake WI 54810

Polk County

**COUNTIES SERVED**

Polk

(715) 485-8530

License Number: 92

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 343

**TOTAL NUMBER OF ADMISSIONS** 277**PERCENT ADMISSIONS FROM:**

Private Residences	20.9%
General Hospitals	56.3
Nursing Homes	20.9
Other	1.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 283

**PERCENT DISCHARGES TO:**

Private Residences	65.0%
General Hospitals	5.7
Nursing Homes	18.4
Deaths	5.3
Other	5.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	293	3,766	12.9
Home Health Aide	103	1,884	18.3
Physical Therapy	175	975	5.6
Spch/Occ/Resp Therapy	16	48	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	196	4,993	25.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,666	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 50.1%
4 to 34 1.7	Medicaid 21.1
35 to 54 7.3	Other Federal 0.0
55 to 64 11.7	State Funds 0.0
65 to 74 18.4	Private Insurance 9.0
75 to 84 33.2	Self Pay 13.2
85 & over 27.4	Other 6.6
	TOTAL PATIENTS 379
Males 37.3% Females 62.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.9%	Digestive Disorders 2.0%		
Cancer 7.3	Genitourinary Sys. 1.5		
Diabetes 6.1	Preg. & Childbirth 0.0		
Diseases of Blood 1.5	Arthropathies 15.7		
Dementia/Alzheimers 2.0	Osteopathies 1.2		
Psychoses/Neuroses 1.7	Perinatal Period 0.3		
Central Nervous Sys. 1.5	Ill-Defined Cond. 11.1		
Paralysis/CP 1.5	Fractures 1.5		
Cardiovascular 20.1	Wounds, Burns 1.7		
Stroke 1.7	Compl. of Surgery 6.4		
Respiratory 6.4	Other Conditions 7.9		

REVENUE	
Billings \$	1,079,967
Disallowances	259,624
Collections	820,343
Other	1,618
Total	821,961

EXPENSES	
Total \$	1,301,634

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.6
Licensed Practical Nurses	1.8
Home Health Aides	3.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.1
Homemakers	0.0
Other Staff	3.9
<b>TOTAL FTES</b>	<b>20.3</b>

**Community Health Resources**

1133 South 4th Avenue, Box 110  
Park Falls WI 54552

Price County

(715) 762-4600

**COUNTIES SERVED**

Ashland  
Bayfield  
Price  
Sawyer  
Vilas

License Number: 27  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 117

**TOTAL NUMBER OF ADMISSIONS** 85

**PERCENT ADMISSIONS FROM:**

Private Residences	22.4%
General Hospitals	56.5
Nursing Homes	17.6
Other	3.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 83

**PERCENT DISCHARGES TO:**

Private Residences	36.1%
General Hospitals	49.4
Nursing Homes	2.4
Deaths	3.6
Other	8.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	107	2,931	27.4
Home Health Aide	39	9,315	238.8
Physical Therapy	21	81	3.9
Spch/Occ/Resp Therapy	3	6	2.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	74	12,027	162.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,360	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 30.3%
4 to 34 8.5	Medicaid 50.0
35 to 54 14.5	Other Federal 0.0
55 to 64 12.8	State Funds 0.0
65 to 74 15.4	Private Insurance 9.8
75 to 84 17.9	Self Pay 9.8
85 & over 30.8	Other 0.0
	TOTAL PATIENTS 132
Males 39.3% Females 60.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 5.1%		
Cancer 4.3	Genitourinary Sys. 1.7		
Diabetes 7.7	Preg. & Childbirth 0.0		
Diseases of Blood 1.7	Arthropathies 3.4		
Dementia/Alzheimers 5.1	Osteopathies 2.6		
Psychoses/Neuroses 1.7	Perinatal Period 0.0		
Central Nervous Sys. 4.3	Ill-Defined Cond. 8.5		
Paralysis/CP 2.6	Fractures 5.1		
Cardiovascular 17.1	Wounds, Burns 8.5		
Stroke 4.3	Compl. of Surgery 0.0		
Respiratory 5.1	Other Conditions 11.1		

REVENUE	
Billings \$	1,350,271
Disallowances	544,383
Collections	805,888
Other	0
Total	805,888

EXPENSES	
Total \$	879,030

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.3
Licensed Practical Nurses	0.1
Home Health Aides	7.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.7
Homemakers	0.0
Other Staff	4.4
<b>TOTAL FTES</b>	<b>24.3</b>

**Supportive Home Services**

PO Box 450, 1181 North 4th Avenue  
Park Falls WI 54552 Price County

(715) 762-3200

License Number: 202  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 138

**COUNTIES SERVED**

Ashland  
Oneida  
Price  
Rusk  
Sawyer  
Vilas

**TOTAL NUMBER OF ADMISSIONS** 106

**PERCENT ADMISSIONS FROM:**

Private Residences	12.3%
General Hospitals	67.0
Nursing Homes	7.5
Other	13.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 108

**PERCENT DISCHARGES TO:**

Private Residences	59.3%
General Hospitals	9.3
Nursing Homes	11.1
Deaths	4.6
Other	15.7

	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
SERVICES PROVIDED			
Skilled Nursing	123	2,359	19.2
Home Health Aide	58	4,239	73.1
Physical Therapy	52	435	8.4
Spch/Occ/Resp Therapy	8	44	5.5
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	80	6,682	83.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,761	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 62.1%
4 to 34 0.7	Medicaid 26.4
35 to 54 6.5	Other Federal 0.0
55 to 64 9.4	State Funds 0.0
65 to 74 23.2	Private Insurance 7.5
75 to 84 40.6	Self Pay 4.0
85 & over 19.6	Other 0.0
	TOTAL PATIENTS 174
Males 37.0% Females 63.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 2.9%
Cancer 5.1	Genitourinary Sys. 3.6
Diabetes 11.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 13.8
Dementia/Alzheimers 2.9	Osteopathies 5.1
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 2.9	Ill-Defined Cond. 6.5
Paralysis/CP 0.7	Fractures 5.8
Cardiovascular 15.2	Wounds, Burns 2.2
Stroke 5.8	Compl. of Surgery 0.0
Respiratory 5.1	Other Conditions 5.8

**REVENUE**

Billings \$	760,837
Disallowances	108,363
Collections	652,474
Other	1,713
Total	654,187

**EXPENSES**

Total \$	655,005
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	2.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.0
Homemakers	0.0
Other Staff	3.7
TOTAL FTEs	14.6



**Flambeau Home Health and Hospice**

133 North Lake Avenue

Phillips WI 54555

Price County

(715) 339-4371

**COUNTIES SERVED**

Ashland

Iron

Price

Sawyer

Vilas

License Number: 238

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 217

**TOTAL NUMBER OF ADMISSIONS** 193**PERCENT ADMISSIONS FROM:**

Private Residences	34.7%
General Hospitals	54.9
Nursing Homes	10.4
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 187

**PERCENT DISCHARGES TO:**

Private Residences	50.3%
General Hospitals	6.4
Nursing Homes	10.2
Deaths	1.1
Other	32.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	217	2,506	11.5
Home Health Aide	74	1,913	25.9
Physical Therapy	83	484	5.8
Spch/Occ/Resp Therapy	25	185	7.4
Medical Social Service	22	64	2.9
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	58	3,170	54.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	16	1,821	113.8
TOTAL	XXXXXXX	10,143	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 65.9%
4 to 34 3.7	Medicaid 21.2
35 to 54 4.1	Other Federal 0.0
55 to 64 11.5	State Funds 0.0
65 to 74 18.9	Private Insurance 7.1
75 to 84 38.7	Self Pay 3.5
85 & over 23.0	Other 2.2
	TOTAL PATIENTS 226
Males 33.2% Females 66.8 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.4%	Digestive Disorders 0.9%		
Cancer 7.8	Genitourinary Sys. 1.4		
Diabetes 4.6	Preg. & Childbirth 0.0		
Diseases of Blood 1.8	Arthropathies 14.7		
Dementia/Alzheimers 0.9	Osteopathies 1.4		
Psychoses/Neuroses 1.4	Perinatal Period 0.0		
Central Nervous Sys. 0.0	Ill-Defined Cond. 6.5		
Paralysis/CP 1.8	Fractures 2.3		
Cardiovascular 24.9	Wounds, Burns 2.8		
Stroke 4.6	Compl. of Surgery 2.3		
Respiratory 9.2	Other Conditions 9.2		

REVENUE		
Billings \$	599,584	
Disallowances	149,196	
Collections	450,388	
Other	0	
Total	450,388	

EXPENSES		
Total \$	828,255	

**STAFFING FTES**

Administrators	0.8
Reg. Nurse Supervisors	1.5
Registered Nurses	5.0
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.7
Homemakers	0.0
Other Staff	2.1
TOTAL FTES	12.8

**Gentiva Health Services**

1300 South Green Bay Road, Suite 200  
Racine WI 53406 Racine County

(262) 636-9036

**COUNTIES SERVED**

Kenosha  
Milwaukee  
Racine  
Walworth  
Waukesha

License Number: 3  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 545

**TOTAL NUMBER OF ADMISSIONS** 513

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	86.0
Nursing Homes	0.0
Other	14.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 514

**PERCENT DISCHARGES TO:**

Private Residences	97.1%
General Hospitals	0.6
Nursing Homes	0.0
Deaths	0.8
Other	1.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	519	4,809	9.3
Home Health Aide	19	1,196	62.9
Physical Therapy	235	1,267	5.4
Spch/Occ/Resp Therapy	115	612	5.3
Medical Social Service	3	3	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	2,670	445.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,557	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.1%	Medicare 49.3%
4 to 34 5.7	Medicaid 9.6
35 to 54 18.9	Other Federal 0.0
55 to 64 16.5	State Funds 0.0
65 to 74 20.0	Private Insurance 36.8
75 to 84 23.7	Self Pay 4.2
85 & over 12.1	Other 0.0
	TOTAL PATIENTS 614
Males 46.6% Females 53.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 0.7%
Cancer 0.6	Genitourinary Sys. 0.9
Diabetes 1.8	Preg. & Childbirth 0.0
Diseases of Blood 0.4	Arthropathies 5.9
Dementia/Alzheimers 0.2	Osteopathies 0.0
Psychoses/Neuroses 0.2	Perinatal Period 1.8
Central Nervous Sys. 1.8	Ill-Defined Cond. 6.2
Paralysis/CP 0.0	Fractures 2.9
Cardiovascular 5.7	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 4.8
Respiratory 1.8	Other Conditions 63.5

**REVENUE**

Billings	\$ 1,941,457
Disallowances	717,487
Collections	1,223,970
Other	0
Total	1,223,970

**EXPENSES**

Total	\$ 1,147,055
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.8
Licensed Practical Nurses	4.4
Home Health Aides	8.4
Physical Therapists	0.7
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	21.2

**SAI Home Health Care**

5200 Washington Avenue, Suite 227

Racine WI 53406

Racine County

**COUNTIES SERVED**

Kenosha

Racine

Walworth

(262) 632-5886

License Number: 305

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 317

**TOTAL NUMBER OF ADMISSIONS** 266**PERCENT ADMISSIONS FROM:**

Private Residences	10.2%
General Hospitals	20.3
Nursing Homes	9.8
Other	59.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 304

**PERCENT DISCHARGES TO:**

Private Residences	46.7%
General Hospitals	7.6
Nursing Homes	5.3
Deaths	6.3
Other	34.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	189	5,379	28.5
Home Health Aide	78	6,667	85.5
Physical Therapy	135	2,144	15.9
Spch/Occ/Resp Therapy	51	531	10.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	2	11	5.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,732	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 47.0%
4 to 34 9.1	Medicaid 36.3
35 to 54 24.6	Other Federal 0.0
55 to 64 12.9	State Funds 0.0
65 to 74 16.4	Private Insurance 6.0
75 to 84 21.5	Self Pay 1.6
85 & over 15.5	Other 9.1
	TOTAL PATIENTS 383
Males 30.6% Females 69.4 %	

PRIMARY DIAGNOSIS			
Infectious Disorders	0.3%	Digestive Disorders	2.5%
Cancer	6.0	Genitourinary Sys.	1.3
Diabetes	6.6	Preg. & Childbirth	0.0
Diseases of Blood	1.9	Arthropathies	5.0
Dementia/Alzheimers	2.5	Osteopathies	2.8
Psychoses/Neuroses	1.9	Perinatal Period	0.0
Central Nervous Sys.	7.6	Ill-Defined Cond.	7.9
Paralysis/CP	4.1	Fractures	3.2
Cardiovascular	14.2	Wounds, Burns	6.9
Stroke	3.5	Compl. of Surgery	0.0
Respiratory	5.0	Other Conditions	16.7

REVENUE	
Billings	\$ 1,142,306
Disallowances	183,786
Collections	958,520
Other	512
Total	959,032

EXPENSES	
Total	\$ 945,859

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.0
Licensed Practical Nurses	3.1
Home Health Aides	9.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
TOTAL FTES	17.5

**Accura Home Health**  
2727 South Kemp Street  
Avalon WI 53505

Rock County

**COUNTIES SERVED**

Dane  
Rock

(608) 676-2337

License Number: 1015  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 64

**TOTAL NUMBER OF ADMISSIONS** 15

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	29.4%
General Hospitals	5.9
Nursing Homes	11.8
Deaths	17.6
Other	35.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1	3	3.0
Home Health Aide	1	88	88.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	128	22,780	178.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	22,871	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 0.0%
4 to 34 57.8	Medicaid 92.2
35 to 54 18.8	Other Federal 4.7
55 to 64 4.7	State Funds 0.0
65 to 74 1.6	Private Insurance 1.6
75 to 84 14.1	Self Pay 1.6
85 & over 1.6	Other 0.0
	TOTAL PATIENTS 64
Males 54.7% Females 45.3 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.0%	Digestive Disorders 0.0%		
Cancer 0.0	Genitourinary Sys. 0.0		
Diabetes 6.3	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 6.3		
Dementia/Alzheimers 6.3	Osteopathies 0.0		
Psychoses/Neuroses 0.0	Perinatal Period 0.0		
Central Nervous Sys. 3.1	Ill-Defined Cond. 0.0		
Paralysis/CP 42.2	Fractures 0.0		
Cardiovascular 0.0	Wounds, Burns 0.0		
Stroke 0.0	Compl. of Surgery 0.0		
Respiratory 4.7	Other Conditions 31.3		

REVENUE	
Billings \$	1,535,303
Disallowances	20,000
Collections	1,515,303
Other	0
Total	1,515,303

EXPENSES	
Total \$	1,334,685

STAFFING	FTEs
Administrators	0.9
Reg. Nurse Supervisors	1.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	40.8
Homemakers	0.0
Other Staff	3.8
TOTAL FTEs	47.5

**At Home Healthcare**  
1969 West Hart Road  
Beloit WI 53511

Rock County

**COUNTIES SERVED**

Green  
Rock  
Walworth

(608) 363-5885

License Number: 98  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 404

**TOTAL NUMBER OF ADMISSIONS** 376

**PERCENT ADMISSIONS FROM:**

Private Residences	21.0%
General Hospitals	71.8
Nursing Homes	4.8
Other	2.4

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 345

**PERCENT DISCHARGES TO:**

Private Residences	86.4%
General Hospitals	4.3
Nursing Homes	3.2
Deaths	1.7
Other	4.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	391	5,921	15.1
Home Health Aide	87	1,738	20.0
Physical Therapy	145	959	6.6
Spch/Occ/Resp Therapy	57	158	2.8
Medical Social Service	23	24	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,800	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.0%	Medicare 64.0%
4 to 34 4.0	Medicaid 13.0
35 to 54 14.1	Other Federal 0.0
55 to 64 16.8	State Funds 0.0
65 to 74 19.1	Private Insurance 17.2
75 to 84 23.8	Self Pay 1.4
85 & over 18.3	Other 4.4
	TOTAL PATIENTS 430
Males 40.8% Females 59.2 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.0%	Digestive Disorders 2.2%		
Cancer 6.2	Genitourinary Sys. 1.2		
Diabetes 2.5	Preg. & Childbirth 0.5		
Diseases of Blood 1.2	Arthropathies 3.7		
Dementia/Alzheimers 0.7	Osteopathies 1.7		
Psychoses/Neuroses 0.2	Perinatal Period 2.2		
Central Nervous Sys. 1.2	Ill-Defined Cond. 4.2		
Paralysis/CP 0.2	Fractures 2.5		
Cardiovascular 15.3	Wounds, Burns 0.7		
Stroke 2.0	Compl. of Surgery 5.7		
Respiratory 4.2	Other Conditions 40.3		

REVENUE	
Billings \$	1,098,111
Disallowances	215,567
Collections	882,544
Other	0
Total	882,544

EXPENSES	
Total \$	1,280,586

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.3
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.8
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.2
TOTAL FTEs	15.0

**Memorial Community Hospital Home Health Agency**  
 1011 North Main Street  
 Edgerton WI 53534                      Rock County

**COUNTIES SERVED**  
 Dane  
 Jefferson  
 Rock

(608) 884-4910

License Number: 159  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 244

**TOTAL NUMBER OF ADMISSIONS** 206

**PERCENT ADMISSIONS FROM:**

Private Residences	4.9%
General Hospitals	43.2
Nursing Homes	10.7
Other	41.3

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 208

**PERCENT DISCHARGES TO:**

Private Residences	84.6%
General Hospitals	7.7
Nursing Homes	2.9
Deaths	0.0
Other	4.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	195	2,997	15.4
Home Health Aide	60	1,040	17.3
Physical Therapy	95	1,019	10.7
Spch/Occ/Resp Therapy	38	162	4.3
Medical Social Service	12	53	4.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	22	839	38.1
Other Home Health Care	16	161	10.1
Homemkr & Other Non HH	30	1,120	37.3
TOTAL	XXXXXXX	7,391	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 69.8%
4 to 34 0.8	Medicaid 6.5
35 to 54 4.5	Other Federal 0.0
55 to 64 7.8	State Funds 0.0
65 to 74 13.5	Private Insurance 8.6
75 to 84 41.8	Self Pay 10.2
85 & over 31.6	Other 4.9
	TOTAL PATIENTS 245
Males 32.8%      Females 67.2 %	

PRIMARY DIAGNOSIS			
Infectious Disorders	0.0%	Digestive Disorders	0.8%
Cancer	4.5	Genitourinary Sys.	2.0
Diabetes	16.8	Preg. & Childbirth	0.0
Diseases of Blood	0.0	Arthropathies	14.8
Dementia/Alzheimers	0.8	Osteopathies	1.2
Psychoses/Neuroses	1.2	Perinatal Period	0.0
Central Nervous Sys.	4.1	Ill-Defined Cond.	12.3
Paralysis/CP	1.2	Fractures	4.5
Cardiovascular	10.7	Wounds, Burns	3.7
Stroke	2.9	Compl. of Surgery	0.4
Respiratory	8.6	Other Conditions	9.4

REVENUE		
Billings	\$	841,295
Disallowances		16,079
Collections		825,216
Other		4,207
Total		829,423

EXPENSES		
Total	\$	592,762

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	3.6
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.4
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	9.8

**Mercy Assisted Care**

901 Mineral Point Avenue  
Janesville WI 53548

Rock County

**COUNTIES SERVED**

Green  
Rock  
Walworth

(608) 754-2201

License Number: 99  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 1,041

**TOTAL NUMBER OF ADMISSIONS** 1,023

**PERCENT ADMISSIONS FROM:**

Private Residences	30.7%
General Hospitals	52.9
Nursing Homes	13.4
Other	3.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,006

**PERCENT DISCHARGES TO:**

Private Residences	78.9%
General Hospitals	3.6
Nursing Homes	5.1
Deaths	4.1
Other	8.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	968	11,104	11.5
Home Health Aide	295	9,187	31.1
Physical Therapy	478	2,844	5.9
Spch/Occ/Resp Therapy	320	1,340	4.2
Medical Social Service	88	92	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	386	11,465	29.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	84	10,572	125.9
TOTAL	XXXXXXX	46,604	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 57.5%
4 to 34 1.5	Medicaid 12.8
35 to 54 10.6	Other Federal 0.0
55 to 64 13.6	State Funds 0.0
65 to 74 21.3	Private Insurance 15.1
75 to 84 30.5	Self Pay 5.4
85 & over 21.7	Other 9.2
	TOTAL PATIENTS 1,176
Males 32.2% Females 67.8 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.0%	Digestive Disorders 2.3%		
Cancer 4.9	Genitourinary Sys. 2.9		
Diabetes 6.6	Preg. & Childbirth 0.2		
Diseases of Blood 3.2	Arthropathies 6.3		
Dementia/Alzheimers 1.0	Osteopathies 1.2		
Psychoses/Neuroses 0.7	Perinatal Period 0.2		
Central Nervous Sys. 1.2	Ill-Defined Cond. 3.5		
Paralysis/CP 1.0	Fractures 3.1		
Cardiovascular 10.9	Wounds, Burns 2.2		
Stroke 1.4	Compl. of Surgery 2.5		
Respiratory 9.1	Other Conditions 34.8		

REVENUE	
Billings \$	2,924,198
Disallowances	90,963
Collections	2,833,235
Other	2,973
Total	2,836,208

EXPENSES	
Total \$	2,896,164

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	11.7
Licensed Practical Nurses	0.0
Home Health Aides	8.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	12.7
Homemakers	4.1
Other Staff	12.0
<b>TOTAL FTES</b>	<b>50.8</b>

**Indianhead Home Health Care**

209 East Third Street South, Box 10  
Ladysmith WI 54848 Rusk County

(715) 532-5594

**COUNTIES SERVED**

Barron  
Polk  
Rusk  
St. Croix  
Washburn

License Number: 295  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 62

**TOTAL NUMBER OF ADMISSIONS** 45

**PERCENT ADMISSIONS FROM:**

Private Residences	46.7%
General Hospitals	44.4
Nursing Homes	8.9
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 47

**PERCENT DISCHARGES TO:**

Private Residences	23.4%
General Hospitals	74.5
Nursing Homes	0.0
Deaths	0.0
Other	2.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	46	926	20.1
Home Health Aide	8	1,098	137.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	666	33.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,690	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 6.3%
4 to 34 1.6	Medicaid 69.8
35 to 54 16.1	Other Federal 0.0
55 to 64 8.1	State Funds 0.0
65 to 74 25.8	Private Insurance 20.6
75 to 84 30.6	Self Pay 3.2
85 & over 17.7	Other 0.0
	TOTAL PATIENTS 63
Males 33.9% Females 66.1 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 4.8%
Cancer 3.2	Genitourinary Sys. 3.2
Diabetes 8.1	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 11.3
Dementia/Alzheimers 8.1	Osteopathies 1.6
Psychoses/Neuroses 14.5	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 4.8
Paralysis/CP 3.2	Fractures 1.6
Cardiovascular 16.1	Wounds, Burns 3.2
Stroke 4.8	Compl. of Surgery 0.0
Respiratory 4.8	Other Conditions 4.8

**REVENUE**

Billings \$	213,748
Disallowances	55,917
Collections	157,831
Other	0
Total	157,831

**EXPENSES**

Total \$	152,282
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	3.2



**Rusk County Department of Health and Human Services**  
 311 Miner Avenue, East Street, Suite C220  
 Ladysmith WI 54848 Rusk County

**COUNTIES SERVED**  
 Rusk

(715) 532-2299

License Number: 100  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 148

**TOTAL NUMBER OF ADMISSIONS** 169

**PERCENT ADMISSIONS FROM:**

Private Residences	46.2%
General Hospitals	47.3
Nursing Homes	4.1
Other	2.4

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 164

**PERCENT DISCHARGES TO:**

Private Residences	78.0%
General Hospitals	6.1
Nursing Homes	5.5
Deaths	9.1
Other	1.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	148	1,968	13.3
Home Health Aide	68	1,279	18.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,247	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 73.6%
4 to 34 0.7	Medicaid 11.2
35 to 54 12.2	Other Federal 0.0
55 to 64 12.2	State Funds 0.0
65 to 74 16.9	Private Insurance 13.5
75 to 84 32.4	Self Pay 0.0
85 & over 25.0	Other 1.7
	TOTAL PATIENTS 178
Males 38.5% Females 61.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.4%	Digestive Disorders 8.1%		
Cancer 14.2	Genitourinary Sys. 2.0		
Diabetes 6.1	Preg. & Childbirth 0.0		
Diseases of Blood 0.7	Arthropathies 9.5		
Dementia/Alzheimers 6.1	Osteopathies 1.4		
Psychoses/Neuroses 0.0	Perinatal Period 0.0		
Central Nervous Sys. 3.4	Ill-Defined Cond. 2.7		
Paralysis/CP 0.0	Fractures 5.4		
Cardiovascular 16.2	Wounds, Burns 10.8		
Stroke 1.4	Compl. of Surgery 2.0		
Respiratory 5.4	Other Conditions 3.4		

REVENUE		
Billings \$	410,780	
Disallowances	34,810	
Collections	375,970	
Other	119,352	
Total	495,322	

EXPENSES		
Total \$	495,322	

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
<b>TOTAL FTES</b>	<b>10.4</b>

**Heartland Home Health**

990 Hillcrest Street, Suite 104  
Baldwin WI 54002

St. Croix County

(715) 684-5020

**COUNTIES SERVED**

Dunn  
Pierce  
Polk  
St. Croix

License Number: 128  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 338

**TOTAL NUMBER OF ADMISSIONS** 314

**PERCENT ADMISSIONS FROM:**

Private Residences	25.5%
General Hospitals	59.6
Nursing Homes	8.6
Other	6.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 322

**PERCENT DISCHARGES TO:**

Private Residences	84.5%
General Hospitals	4.3
Nursing Homes	5.0
Deaths	3.4
Other	2.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	263	2,575	9.8
Home Health Aide	83	765	9.2
Physical Therapy	153	1,067	7.0
Spch/Occ/Resp Therapy	53	173	3.3
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,581	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.2%	Medicare 61.3%
4 to 34 3.6	Medicaid 4.1
35 to 54 15.1	Other Federal 0.0
55 to 64 12.4	State Funds 0.0
65 to 74 18.6	Private Insurance 31.1
75 to 84 28.4	Self Pay 0.6
85 & over 12.7	Other 2.9
	TOTAL PATIENTS 341
Males 39.1% Females 60.9 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 1.2%	Digestive Disorders 6.8%		
Cancer 3.8	Genitourinary Sys. 3.3		
Diabetes 2.1	Preg. & Childbirth 0.0		
Diseases of Blood 0.6	Arthropathies 33.1		
Dementia/Alzheimers 0.3	Osteopathies 0.9		
Psychoses/Neuroses 0.3	Perinatal Period 8.3		
Central Nervous Sys. 1.8	Ill-Defined Cond. 1.8		
Paralysis/CP 0.0	Fractures 1.5		
Cardiovascular 14.8	Wounds, Burns 0.9		
Stroke 0.9	Compl. of Surgery 9.2		
Respiratory 3.3	Other Conditions 5.3		

REVENUE		
Billings \$	678,546	
Disallowances	39,826	
Collections	638,720	
Other	278,042	
Total	916,762	

EXPENSES		
Total \$	896,829	

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.5
Registered Nurses	3.0
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.4
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.8
TOTAL FTES	9.3

**REM Health of Wisconsin**

1007 Washington Avenue  
Baraboo WI 53913

Sauk County

(608) 356-7570

License Number: 36  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 301

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Dodge  
Green  
Green Lake  
Iowa  
Juneau  
Marquette  
Monroe  
Richland  
Rock  
Sauk  
Vernon

**TOTAL NUMBER OF ADMISSIONS** 214

**PERCENT ADMISSIONS FROM:**

Private Residences 15.0%  
General Hospitals 79.0  
Nursing Homes 6.1  
Other 0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 164

**PERCENT DISCHARGES TO:**

Private Residences 61.6%  
General Hospitals 6.1  
Nursing Homes 6.1  
Deaths 3.7  
Other 22.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	279	6,878	24.7
Home Health Aide	59	8,533	144.6
Physical Therapy	84	1,097	13.1
Spch/Occ/Resp Therapy	8	61	7.6
Medical Social Service	0	0	0.0
Private Duty Nursing	19	3,065	161.3
Personal Care/PC RN Supv.	222	20,410	91.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	40,044	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.7%	Medicare 33.2%
4 to 34 15.0	Medicaid 38.5
35 to 54 18.3	Other Federal 0.0
55 to 64 14.6	State Funds 0.0
65 to 74 19.6	Private Insurance 28.3
75 to 84 15.6	Self Pay 0.0
85 & over 14.3	Other 0.0
	TOTAL PATIENTS 343
Males 50.5% Females 49.5 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.0%	Digestive Disorders 4.0%
Cancer 7.6	Genitourinary Sys. 1.3
Diabetes 6.0	Preg. & Childbirth 0.3
Diseases of Blood 4.0	Arthropathies 1.0
Dementia/Alzheimers 6.6	Osteopathies 7.0
Psychoses/Neuroses 1.7	Perinatal Period 0.3
Central Nervous Sys. 4.3	Ill-Defined Cond. 3.7
Paralysis/CP 2.0	Fractures 9.0
Cardiovascular 8.3	Wounds, Burns 2.3
Stroke 6.3	Compl. of Surgery 8.3
Respiratory 5.6	Other Conditions 9.3

**REVENUE**

Billings \$	3,430,712
Disallowances	725,169
Collections	2,705,543
Other	0
Total	2,705,543

**EXPENSES**

Total \$	2,617,670
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	3.0
Registered Nurses	13.2
Licensed Practical Nurses	2.9
Home Health Aides	5.8
Physical Therapists	1.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	22.1
Homemakers	0.0
Other Staff	6.5
TOTAL FTEs	54.5

**Sauk County Health Department**

505 Broadway, Suite 372

Baraboo WI 53913

Sauk County

**COUNTIES SERVED**

Sauk

(608) 355-3290

License Number: 102

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 163

**TOTAL NUMBER OF ADMISSIONS** 131**PERCENT ADMISSIONS FROM:**

Private Residences	19.1%
General Hospitals	52.7
Nursing Homes	15.3
Other	13.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 131

**PERCENT DISCHARGES TO:**

Private Residences	58.0%
General Hospitals	6.1
Nursing Homes	11.5
Deaths	6.9
Other	17.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	160	3,586	22.4
Home Health Aide	75	3,010	40.1
Physical Therapy	58	437	7.5
Spch/Occ/Resp Therapy	12	38	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,071	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 68.3%
4 to 34 1.2	Medicaid 22.2
35 to 54 12.3	Other Federal 0.0
55 to 64 8.0	State Funds 0.0
65 to 74 22.7	Private Insurance 6.0
75 to 84 28.8	Self Pay 1.8
85 & over 25.8	Other 1.8
	TOTAL PATIENTS 167
Males 35.6% Females 64.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 3.7%
Cancer 4.3	Genitourinary Sys. 3.1
Diabetes 6.7	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 4.3
Dementia/Alzheimers 1.2	Osteopathies 1.8
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 1.8
Paralysis/CP 0.6	Fractures 6.7
Cardiovascular 19.6	Wounds, Burns 1.8
Stroke 3.1	Compl. of Surgery 0.6
Respiratory 11.7	Other Conditions 24.5

REVENUE	
Billings \$	732,238
Disallowances	190,806
Collections	541,432
Other	18,111
Total	559,543

EXPENSES	
Total \$	636,891

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.4
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.7
<b>TOTAL FTES</b>	<b>10.8</b>

**Sawyer County Health and Human Services**  
 105 East 4th Street  
 Hayward WI 54843  
 Sawyer County

**COUNTIES SERVED**  
 Sawyer

(715) 634-4806

License Number: 103  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 125

**TOTAL NUMBER OF ADMISSIONS** 111

**PERCENT ADMISSIONS FROM:**

Private Residences	18.0%
General Hospitals	64.0
Nursing Homes	9.0
Other	9.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 113

**PERCENT DISCHARGES TO:**

Private Residences	72.6%
General Hospitals	4.4
Nursing Homes	3.5
Deaths	6.2
Other	13.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	125	749	6.0
Home Health Aide	36	638	17.7
Physical Therapy	97	1,765	18.2
Spch/Occ/Resp Therapy	3	19	6.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,171	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 76.0%
4 to 34 3.2	Medicaid 13.6
35 to 54 7.2	Other Federal 0.0
55 to 64 13.6	State Funds 0.0
65 to 74 22.4	Private Insurance 9.6
75 to 84 36.8	Self Pay 0.8
85 & over 16.8	Other 0.0
	TOTAL PATIENTS 125
Males 32.0% Females 68.0 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.6%
Cancer 4.8	Genitourinary Sys. 0.8
Diabetes 0.8	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 12.8
Dementia/Alzheimers 0.8	Osteopathies 0.8
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 4.8	Ill-Defined Cond. 50.4
Paralysis/CP 2.4	Fractures 4.0
Cardiovascular 6.4	Wounds, Burns 2.4
Stroke 1.6	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 3.2

REVENUE	
Billings \$	470,428
Disallowances	19,065
Collections	451,363
Other	0
Total	451,363
EXPENSES	
Total \$	448,033

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.4
Licensed Practical Nurses	0.0
Home Health Aides	2.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.9
TOTAL FTEs	6.9

**St. Nicholas Hospital Home Health and Hospice**  
 3100 Superior Avenue  
 Sheboygan WI 53081  
 Sheboygan County  
 (920) 457-5770

**COUNTIES SERVED**  
 Calumet  
 Fond du Lac  
 Manitowoc  
 Sheboygan

License Number: 124  
 Ownership of Agency: Nonprofit Church/Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 603

**TOTAL NUMBER OF ADMISSIONS** 632

**PERCENT ADMISSIONS FROM:**

Private Residences	33.7%
General Hospitals	63.1
Nursing Homes	2.1
Other	1.1

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 599

**PERCENT DISCHARGES TO:**

Private Residences	75.6%
General Hospitals	9.0
Nursing Homes	5.5
Deaths	3.5
Other	6.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	536	9,570	17.9
Home Health Aide	168	5,396	32.1
Physical Therapy	132	1,090	8.3
Spch/Occ/Resp Therapy	53	478	9.0
Medical Social Service	43	74	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	137	7,959	58.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	35	1,143	32.7
TOTAL	XXXXXXX	25,710	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 68.0%
4 to 34 4.3	Medicaid 12.5
35 to 54 8.0	Other Federal 0.0
55 to 64 10.9	State Funds 0.0
65 to 74 17.4	Private Insurance 15.3
75 to 84 35.5	Self Pay 4.0
85 & over 22.7	Other 0.3
	TOTAL PATIENTS 649
Males 39.5% Females 60.5 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.5%	Digestive Disorders 7.1%		
Cancer 7.8	Genitourinary Sys. 4.3		
Diabetes 3.6	Preg. & Childbirth 0.3		
Diseases of Blood 0.7	Arthropathies 11.6		
Dementia/Alzheimers 0.8	Osteopathies 1.2		
Psychoses/Neuroses 0.8	Perinatal Period 0.8		
Central Nervous Sys. 3.5	Ill-Defined Cond. 8.0		
Paralysis/CP 0.8	Fractures 5.0		
Cardiovascular 15.1	Wounds, Burns 2.5		
Stroke 3.8	Compl. of Surgery 1.3		
Respiratory 8.1	Other Conditions 12.3		

REVENUE	
Billings \$	1,418,256
Disallowances	212,614
Collections	1,205,642
Other	102,110
Total	1,307,752

EXPENSES	
Total \$	2,269,881

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	10.3
Licensed Practical Nurses	0.3
Home Health Aides	4.1
Physical Therapists	1.4
Occupational Therapists	0.5
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	6.7
Homemakers	1.5
Other Staff	7.1
TOTAL FTEs	33.1

**Trempealeau County Health Department**  
 Courthouse  
 Whitehall WI 54773  
 Trempealeau County

**COUNTIES SERVED**  
 Trempealeau

(715) 538-2311

License Number: 107  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? No  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 87

**TOTAL NUMBER OF ADMISSIONS** 51

**PERCENT ADMISSIONS FROM:**

Private Residences	82.4%
General Hospitals	9.8
Nursing Homes	2.0
Other	5.9

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 40

**PERCENT DISCHARGES TO:**

Private Residences	32.5%
General Hospitals	20.0
Nursing Homes	35.0
Deaths	7.5
Other	5.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	347	19.3
Home Health Aide	4	57	14.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	144	8,561	59.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,965	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 2.3	Medicaid 77.4
35 to 54 13.8	Other Federal 0.0
55 to 64 8.0	State Funds 0.0
65 to 74 13.8	Private Insurance 1.1
75 to 84 36.8	Self Pay 4.3
85 & over 25.3	Other 17.2
	TOTAL PATIENTS 93
Males 19.5% Females 80.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 1.1
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 58.6
Dementia/Alzheimers 0.0	Osteopathies 1.1
Psychoses/Neuroses 1.1	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 2.3	Fractures 1.1
Cardiovascular 9.2	Wounds, Burns 0.0
Stroke 14.9	Compl. of Surgery 0.0
Respiratory 1.1	Other Conditions 8.0

REVENUE	
Billings \$	304,712
Disallowances	7,700
Collections	297,012
Other	0
Total	297,012

EXPENSES	
Total \$	386,683

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.3
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.7
Homemakers	0.0
Other Staff	0.4
TOTAL FTES	2.0

**Vernon Memorial Hospital Home Health Care Agency**  
 507 South Main Street  
 Viroqua WI 54665  
 (608) 637-4362

Vernon County

**COUNTIES SERVED**  
 Crawford  
 Monroe  
 Richland  
 Vernon

License Number: 271  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 146

**TOTAL NUMBER OF ADMISSIONS** 149

**PERCENT ADMISSIONS FROM:**

Private Residences	21.5%
General Hospitals	69.1
Nursing Homes	9.4
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 151

**PERCENT DISCHARGES TO:**

Private Residences	86.8%
General Hospitals	0.7
Nursing Homes	7.9
Deaths	1.3
Other	3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	145	1,307	9.0
Home Health Aide	45	531	11.8
Physical Therapy	99	553	5.6
Spch/Occ/Resp Therapy	62	303	4.9
Medical Social Service	20	27	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	4	8	2.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,729	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 75.5%
4 to 34 2.7	Medicaid 5.4
35 to 54 15.1	Other Federal 0.0
55 to 64 13.0	State Funds 0.0
65 to 74 21.9	Private Insurance 16.3
75 to 84 26.0	Self Pay 0.7
85 & over 20.5	Other 2.0
	TOTAL PATIENTS 147
Males 42.5% Females 57.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 2.7%	Digestive Disorders 0.7%
Cancer 5.5	Genitourinary Sys. 1.4
Diabetes 3.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.1
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 1.4	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 6.2
Paralysis/CP 0.0	Fractures 2.1
Cardiovascular 8.9	Wounds, Burns 2.1
Stroke 4.1	Compl. of Surgery 1.4
Respiratory 6.2	Other Conditions 49.3

REVENUE	
Billings \$	285,992
Disallowances	9,355
Collections	276,637
Other	0
Total	276,637

EXPENSES	
Total \$	346,471

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.4
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	5.4



**Home Care Network**  
N3252 County Road H  
Lake Geneva WI 53147

Walworth County

**COUNTIES SERVED**

Kenosha  
Racine  
Walworth

(262) 248-0457

License Number: 125  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 210

**TOTAL NUMBER OF ADMISSIONS** 187

**PERCENT ADMISSIONS FROM:**

Private Residences	33.7%
General Hospitals	44.4
Nursing Homes	4.8
Other	17.1

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 172

**PERCENT DISCHARGES TO:**

Private Residences	69.8%
General Hospitals	7.6
Nursing Homes	4.7
Deaths	3.5
Other	14.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	207	2,717	13.1
Home Health Aide	28	173	6.2
Physical Therapy	120	1,116	9.3
Spch/Occ/Resp Therapy	55	408	7.4
Medical Social Service	22	111	5.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,525	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 84.5%
4 to 34 1.4	Medicaid 0.9
35 to 54 4.8	Other Federal 0.0
55 to 64 11.0	State Funds 0.0
65 to 74 19.5	Private Insurance 10.5
75 to 84 34.3	Self Pay 4.1
85 & over 29.0	Other 0.0
	TOTAL PATIENTS 220
Males 37.1% Females 62.9 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.4%	Digestive Disorders 1.0%
Cancer 3.8	Genitourinary Sys. 2.4
Diabetes 11.9	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 2.4
Dementia/Alzheimers 2.9	Osteopathies 2.9
Psychoses/Neuroses 1.9	Perinatal Period 0.0
Central Nervous Sys. 6.2	Ill-Defined Cond. 3.8
Paralysis/CP 0.5	Fractures 9.5
Cardiovascular 3.8	Wounds, Burns 34.8
Stroke 3.8	Compl. of Surgery 0.0
Respiratory 5.7	Other Conditions 0.5

REVENUE	
Billings \$	829,881
Disallowances	6,059
Collections	823,822
Other	0
Total	823,822

EXPENSES	
Total \$	606,012

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.9
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.9
TOTAL FTES	7.0

**Hearts of Gold**

38 West 5th Avenue, PO Box 220  
Shell Lake WI 54871

Washburn County

(715) 468-2931

**COUNTIES SERVED**

Barron  
Burnett  
Polk  
Sawyer  
Washburn

License Number: 304  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 167

**TOTAL NUMBER OF ADMISSIONS** 145

**PERCENT ADMISSIONS FROM:**

Private Residences	14.5%
General Hospitals	53.1
Nursing Homes	6.9
Other	25.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 142

**PERCENT DISCHARGES TO:**

Private Residences	71.1%
General Hospitals	14.8
Nursing Homes	2.8
Deaths	6.3
Other	4.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	167	2,674	16.0
Home Health Aide	74	1,980	26.8
Physical Therapy	26	167	6.4
Spch/Occ/Resp Therapy	1	8	8.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	23	803	34.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,632	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 57.8%
4 to 34 1.8	Medicaid 19.6
35 to 54 8.4	Other Federal 0.0
55 to 64 19.2	State Funds 0.0
65 to 74 13.2	Private Insurance 12.3
75 to 84 29.9	Self Pay 2.5
85 & over 26.9	Other 7.8
	TOTAL PATIENTS 204
Males 44.3% Females 55.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 4.2%	Digestive Disorders 4.8%
Cancer 4.8	Genitourinary Sys. 2.4
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 4.2
Dementia/Alzheimers 1.2	Osteopathies 0.6
Psychoses/Neuroses 1.2	Perinatal Period 0.6
Central Nervous Sys. 4.2	Ill-Defined Cond. 2.4
Paralysis/CP 0.6	Fractures 1.8
Cardiovascular 15.6	Wounds, Burns 4.8
Stroke 3.0	Compl. of Surgery 3.6
Respiratory 6.0	Other Conditions 29.3

**REVENUE**

Billings \$	479,602
Disallowances	126,156
Collections	353,446
Other	750
Total	354,196

**EXPENSES**

Total \$	441,014
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**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.5
Registered Nurses	1.6
Licensed Practical Nurses	1.0
Home Health Aides	2.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.0
Other Staff	2.3
TOTAL FTEs	9.3

**Indianhead Medical Center Home Health Agency**  
 113 4th Avenue  
 Shell Lake WI 54871  
 (715) 468-7833

Washburn County

**COUNTIES SERVED**

Barron  
 Burnett  
 Polk  
 Sawyer  
 Washburn

License Number: 324  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 87

**TOTAL NUMBER OF ADMISSIONS** 84

**PERCENT ADMISSIONS FROM:**

Private Residences	29.8%
General Hospitals	60.7
Nursing Homes	4.8
Other	4.8

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 85

**PERCENT DISCHARGES TO:**

Private Residences	76.5%
General Hospitals	11.8
Nursing Homes	3.5
Deaths	4.7
Other	3.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	84	1,098	13.1
Home Health Aide	30	290	9.7
Physical Therapy	38	295	7.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,683	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.5%
4 to 34 5.7	Medicaid 12.5
35 to 54 10.3	Other Federal 0.0
55 to 64 5.7	State Funds 0.0
65 to 74 20.7	Private Insurance 5.7
75 to 84 24.1	Self Pay 1.1
85 & over 33.3	Other 1.1
	TOTAL PATIENTS 88
Males 43.7% Females 56.3 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 2.3%	Digestive Disorders 3.4%		
Cancer 4.6	Genitourinary Sys. 2.3		
Diabetes 5.7	Preg. & Childbirth 0.0		
Diseases of Blood 2.3	Arthropathies 5.7		
Dementia/Alzheimers 0.0	Osteopathies 3.4		
Psychoses/Neuroses 0.0	Perinatal Period 0.0		
Central Nervous Sys. 1.1	Ill-Defined Cond. 8.0		
Paralysis/CP 0.0	Fractures 13.8		
Cardiovascular 16.1	Wounds, Burns 2.3		
Stroke 2.3	Compl. of Surgery 5.7		
Respiratory 5.7	Other Conditions 14.9		

REVENUE		
Billings \$	182,920	
Disallowances	-9,130	
Collections	192,050	
Other	0	
Total	192,050	

EXPENSES		
Total \$	291,739	

STAFFING	FTEs
Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.5
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	4.7

**Spooner Health Services Home Care**819 Ash Street  
Spooner WI 54801

Washburn County

(715) 635-2111

**COUNTIES SERVED**Burnett  
Douglas  
Sawyer  
Washburn

License Number: 208  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 175

**TOTAL NUMBER OF ADMISSIONS** 163**PERCENT ADMISSIONS FROM:**

Private Residences 22.7%  
 General Hospitals 64.4  
 Nursing Homes 12.3  
 Other 0.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 167

**PERCENT DISCHARGES TO:**

Private Residences 76.6%  
 General Hospitals 15.0  
 Nursing Homes 2.4  
 Deaths 0.6  
 Other 5.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	175	1,665	9.5
Home Health Aide	64	771	12.0
Physical Therapy	111	682	6.1
Spch/Occ/Resp Therapy	64	205	3.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	1,091	181.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	7	324	46.3
TOTAL	XXXXXXX	4,738	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 73.1%
4 to 34 2.3	Medicaid 11.7
35 to 54 9.7	Other Federal 0.0
55 to 64 9.1	State Funds 0.0
65 to 74 21.1	Private Insurance 8.5
75 to 84 33.7	Self Pay 6.7
85 & over 23.4	Other 0.0
	TOTAL PATIENTS 223
Males 38.3% Females 61.7 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.7%	Digestive Disorders 1.7%
Cancer 1.1	Genitourinary Sys. 2.3
Diabetes 3.4	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 14.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 1.7	Perinatal Period 0.0
Central Nervous Sys. 1.1	Ill-Defined Cond. 24.6
Paralysis/CP 1.1	Fractures 6.3
Cardiovascular 13.7	Wounds, Burns 1.7
Stroke 2.9	Compl. of Surgery 1.1
Respiratory 9.7	Other Conditions 9.7

**REVENUE**

Billings \$	475,063
Disallowances	71,957
Collections	403,106
Other	0
Total	403,106

**EXPENSES**

Total \$	409,484
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.5
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.4
Homemakers	0.0
Other Staff	1.4
TOTAL FTEs	7.6

**Heartland Home Health Care and Hospice**

1072 Gateway Court

West Bend WI 53095

Washington County

(262) 334-1988

License Number: 1024

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 508

**COUNTIES SERVED**

Dodge

Fond du Lac

Milwaukee

Ozaukee

Sheboygan

Washington

**TOTAL NUMBER OF ADMISSIONS** 485**PERCENT ADMISSIONS FROM:**

Private Residences	42.1%
General Hospitals	48.9
Nursing Homes	2.7
Other	6.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 507

**PERCENT DISCHARGES TO:**

Private Residences	60.9%
General Hospitals	15.6
Nursing Homes	6.5
Deaths	0.0
Other	17.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	502	3,954	7.9
Home Health Aide	144	6,034	41.9
Physical Therapy	412	1,772	4.3
Spch/Occ/Resp Therapy	298	1,252	4.2
Medical Social Service	99	116	1.2
Private Duty Nursing	2	825	412.5
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	1	1	1.0
Homemkr & Other Non HH	10	266	26.6
TOTAL	XXXXXXX	14,220	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 63.2%
4 to 34 3.3	Medicaid 13.4
35 to 54 8.1	Other Federal 0.0
55 to 64 7.9	State Funds 0.0
65 to 74 20.5	Private Insurance 15.6
75 to 84 35.2	Self Pay 2.6
85 & over 24.8	Other 5.3
	TOTAL PATIENTS 508
Males 38.6% Females 61.4 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 1.2%
Cancer 3.9	Genitourinary Sys. 1.2
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 0.2	Arthropathies 5.3
Dementia/Alzheimers 0.2	Osteopathies 0.8
Psychoses/Neuroses 0.6	Perinatal Period 0.4
Central Nervous Sys. 1.4	Ill-Defined Cond. 3.3
Paralysis/CP 0.2	Fractures 1.8
Cardiovascular 3.9	Wounds, Burns 1.2
Stroke 1.2	Compl. of Surgery 0.6
Respiratory 2.8	Other Conditions 66.7

**REVENUE**

Billings \$	1,900,360
Disallowances	403,991
Collections	1,496,369
Other	0
Total	1,496,369

**EXPENSES**

Total \$	1,464,841
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.6
Licensed Practical Nurses	2.9
Home Health Aides	3.0
Physical Therapists	0.8
Occupational Therapists	0.7
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	14.2

**Heartland Home Health Care and Hospice**  
 13255 West Bluemound Road, Suite 100  
 Brookfield WI 53005 Waukesha County

**COUNTIES SERVED**  
 Brown  
 Milwaukee  
 Waukesha

(262) 641-6620

License Number: 280  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 694

**TOTAL NUMBER OF ADMISSIONS** 599

**PERCENT ADMISSIONS FROM:**

Private Residences	22.0%
General Hospitals	27.0
Nursing Homes	46.1
Other	4.8

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 608

**PERCENT DISCHARGES TO:**

Private Residences	59.9%
General Hospitals	10.2
Nursing Homes	5.1
Deaths	0.5
Other	24.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	484	8,498	17.6
Home Health Aide	184	12,055	65.5
Physical Therapy	320	2,461	7.7
Spch/Occ/Resp Therapy	211	5,672	26.9
Medical Social Service	104	188	1.8
Private Duty Nursing	1	4,380	4380
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	33,254	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 76.2%
4 to 34 0.6	Medicaid 20.2
35 to 54 4.8	Other Federal 0.0
55 to 64 7.6	State Funds 0.0
65 to 74 20.7	Private Insurance 2.9
75 to 84 29.5	Self Pay 0.7
85 & over 36.7	Other 0.0
	TOTAL PATIENTS 694
Males 57.3% Females 42.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.3%	Digestive Disorders 3.7%
Cancer 5.2	Genitourinary Sys. 2.7
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 8.4
Dementia/Alzheimers 1.6	Osteopathies 2.7
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 3.5	Ill-Defined Cond. 0.6
Paralysis/CP 0.7	Fractures 10.4
Cardiovascular 15.0	Wounds, Burns 6.2
Stroke 9.7	Compl. of Surgery 1.7
Respiratory 7.1	Other Conditions 10.7

**REVENUE**

Billings	\$ 2,928,328
Disallowances	582,097
Collections	2,346,231
Other	60
Total	2,346,291

**EXPENSES**

Total	\$ 2,297,400
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**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	3.0
Registered Nurses	6.3
Licensed Practical Nurses	10.7
Home Health Aides	8.3
Physical Therapists	3.1
Occupational Therapists	1.6
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.0
<b>TOTAL FTES</b>	<b>39.1</b>

**LS Prof Comfort Homes**

14665 West Lisbon Road, Suite 1B  
 Brookfield WI 53005 Waukesha County

**COUNTIES SERVED**

Kenosha  
 Milwaukee  
 Waukesha

(262) 781-0448

License Number: 1022  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 131

**TOTAL NUMBER OF ADMISSIONS** 116

**PERCENT ADMISSIONS FROM:**

Private Residences	19.0%
General Hospitals	28.4
Nursing Homes	36.2
Other	16.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 105

**PERCENT DISCHARGES TO:**

Private Residences	61.9%
General Hospitals	26.7
Nursing Homes	9.5
Deaths	1.0
Other	1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	125	6,472	51.8
Home Health Aide	54	4,092	75.8
Physical Therapy	22	211	9.6
Spch/Occ/Resp Therapy	4	523	130.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	79	16,285	206.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	27,583	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.9%	Medicare 38.2%
4 to 34 7.6	Medicaid 35.9
35 to 54 26.0	Other Federal 0.0
55 to 64 21.4	State Funds 12.2
65 to 74 13.7	Private Insurance 8.4
75 to 84 18.3	Self Pay 1.5
85 & over 6.1	Other 3.8
	TOTAL PATIENTS 131
Males 45.8% Females 54.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.3%	Digestive Disorders 0.0%
Cancer 1.5	Genitourinary Sys. 3.8
Diabetes 6.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.8
Dementia/Alzheimers 0.8	Osteopathies 2.3
Psychoses/Neuroses 3.1	Perinatal Period 6.9
Central Nervous Sys. 1.5	Ill-Defined Cond. 11.5
Paralysis/CP 6.1	Fractures 3.8
Cardiovascular 3.8	Wounds, Burns 16.8
Stroke 4.6	Compl. of Surgery 2.3
Respiratory 2.3	Other Conditions 19.8

**REVENUE**

Billings \$	2,038,444
Disallowances	337,312
Collections	1,701,132
Other	0
Total	1,701,132

**EXPENSES**

Total \$	1,682,367
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.0
Licensed Practical Nurses	1.5
Home Health Aides	11.5
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	18.5
Homemakers	0.0
Other Staff	6.8
TOTAL FTEs	42.5

**Universal Pediatric Services**

17100 West Bluemound Road, Suite 101  
 Brookfield WI 53005 Waukesha County

**COUNTIES SERVED**

Milwaukee  
 Ozaukee  
 Waukesha

(262) 782-8292

License Number: 1009  
 Ownership of Agency: Proprietary Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of unduplicated patients in 2004 = 34

**TOTAL NUMBER OF ADMISSIONS** 4

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	100.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
 (Including Deaths) 14

**PERCENT DISCHARGES TO:**

Private Residences	78.6%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	21.4
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	17	160	9.4
Home Health Aide	3	1,447	482.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	3	426	142.0
Medical Social Service	0	0	0.0
Private Duty Nursing	11	1,605	145.9
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,638	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 44.1%	Medicare 0.0%
4 to 34 55.9	Medicaid 97.1
35 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 2.9
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 34
Males 55.9% Females 44.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.9%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.9	Ill-Defined Cond. 0.0
Paralysis/CP 11.8	Fractures 0.0
Cardiovascular 2.9	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 58.8	Other Conditions 20.6

REVENUE	
Billings \$	606,095
Disallowances	52,425
Collections	553,670
Other	0
Total	553,670

EXPENSES	
Total \$	658,374

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.4
Registered Nurses	7.3
Licensed Practical Nurses	0.3
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTES</b>	<b>12.4</b>



**Prohealth Home Care**

1020 James Drive, Suite E  
Hartland WI 53029

Waukesha County

(262) 928-1444

License Number: 170  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 2,327

**COUNTIES SERVED**

Dodge  
Jefferson  
Milwaukee  
Racine  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 2,201

**PERCENT ADMISSIONS FROM:**

Private Residences	13.8%
General Hospitals	74.0
Nursing Homes	8.5
Other	3.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2,368

**PERCENT DISCHARGES TO:**

Private Residences	84.1%
General Hospitals	6.3
Nursing Homes	3.5
Deaths	1.2
Other	4.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,327	14,756	6.3
Home Health Aide	320	3,819	11.9
Physical Therapy	1,071	5,712	5.3
Spch/Occ/Resp Therapy	556	2,252	4.1
Medical Social Service	228	246	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	297	5,418	18.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	58	1,946	33.6
TOTAL	XXXXXXX	34,149	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.1%	Medicare 64.8%
4 to 34 10.0	Medicaid 2.5
35 to 54 11.7	Other Federal 0.0
55 to 64 10.1	State Funds 0.0
65 to 74 15.0	Private Insurance 32.2
75 to 84 29.1	Self Pay 0.4
85 & over 19.0	Other 0.2
	TOTAL PATIENTS 2,457
Males 35.7% Females 64.3 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.4%	Digestive Disorders 1.0%
Cancer 5.5	Genitourinary Sys. 1.4
Diabetes 3.2	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 1.1
Dementia/Alzheimers 0.0	Osteopathies 0.4
Psychoses/Neuroses 0.2	Perinatal Period 4.2
Central Nervous Sys. 0.6	Ill-Defined Cond. 2.7
Paralysis/CP 0.0	Fractures 0.3
Cardiovascular 6.6	Wounds, Burns 2.1
Stroke 1.3	Compl. of Surgery 0.7
Respiratory 4.0	Other Conditions 63.8

**REVENUE**

Billings \$	4,772,396
Disallowances	851,809
Collections	3,920,587
Other	27,177
Total	3,947,764

**EXPENSES**

Total \$	4,255,140
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	30.3
Licensed Practical Nurses	1.8
Home Health Aides	9.2
Physical Therapists	5.8
Occupational Therapists	2.4
Speech Pathologists	0.5
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	1.0
Personal Care Workers	0.0
Homemakers	2.9
Other Staff	12.9
TOTAL FTEs	69.6

**Hannah Home Health Care**  
318 North Rochester Street  
Mukwonago WI 53149

Waukesha County

(262) 363-2500

**COUNTIES SERVED**

Jackson  
Milwaukee  
Racine  
Walworth  
Waukesha

License Number: 240  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 170

**TOTAL NUMBER OF ADMISSIONS** 103

**PERCENT ADMISSIONS FROM:**

Private Residences	35.0%
General Hospitals	33.0
Nursing Homes	14.6
Other	17.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 94

**PERCENT DISCHARGES TO:**

Private Residences	48.9%
General Hospitals	14.9
Nursing Homes	6.4
Deaths	4.3
Other	25.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	169	5,024	29.7
Home Health Aide	92	14,793	160.8
Physical Therapy	48	359	7.5
Spch/Occ/Resp Therapy	19	93	4.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	58	4,079	70.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,348	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 42.6%
4 to 34 11.8	Medicaid 41.1
35 to 54 19.4	Other Federal 0.0
55 to 64 10.6	State Funds 1.0
65 to 74 18.2	Private Insurance 10.9
75 to 84 24.1	Self Pay 2.5
85 & over 15.3	Other 2.0
	TOTAL PATIENTS 202
Males 44.1% Females 55.9 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.6%	Digestive Disorders 0.6%		
Cancer 2.4	Genitourinary Sys. 5.3		
Diabetes 4.1	Preg. & Childbirth 0.0		
Diseases of Blood 1.2	Arthropathies 8.2		
Dementia/Alzheimers 5.3	Osteopathies 0.0		
Psychoses/Neuroses 3.5	Perinatal Period 0.0		
Central Nervous Sys. 9.4	Ill-Defined Cond. 12.4		
Paralysis/CP 9.4	Fractures 2.9		
Cardiovascular 8.8	Wounds, Burns 1.8		
Stroke 2.9	Compl. of Surgery 0.6		
Respiratory 2.4	Other Conditions 18.2		

REVENUE	
Billings \$	1,507,998
Disallowances	353,740
Collections	1,154,258
Other	12,567
Total	1,166,825

EXPENSES	
Total \$	1,042,500

STAFFING	FTEs
Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.4
Licensed Practical Nurses	0.8
Home Health Aides	8.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.3
Homemakers	0.0
Other Staff	3.6
TOTAL FTEs	18.6

**Coram Alternate Site Services Inc.**

17012 West Victor Road

New Berlin WI 53151

Waukesha County

(262) 785-9318

License Number: 247

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 156

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	156	1,343	8.6
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,343	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 0.0%
4 to 34 20.5	Medicaid 0.0
35 to 54 35.3	Other Federal 0.0
55 to 64 26.9	State Funds 0.0
65 to 74 9.0	Private Insurance 80.8
75 to 84 5.8	Self Pay 1.9
85 & over 1.9	Other 17.3
	TOTAL PATIENTS 156
Males 61.5% Females 38.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 12.2%	Digestive Disorders 6.4%
Cancer 21.2	Genitourinary Sys. 2.6
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 12.2	Arthropathies 3.2
Dementia/Alzheimers 0.0	Osteopathies 4.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 3.2	Ill-Defined Cond. 1.3
Paralysis/CP 0.0	Fractures 1.9
Cardiovascular 5.1	Wounds, Burns 2.6
Stroke 0.0	Compl. of Surgery 7.7
Respiratory 3.8	Other Conditions 12.2

**COUNTIES SERVED**

Brown  
Calumet  
Dane  
Dodge  
Fond du Lac  
Jefferson  
Kenosha  
Manitowoc  
Marinette  
Milwaukee  
Oconto  
Ozaukee  
Portage  
Racine  
Rock  
Sauk  
Sheboygan  
Walworth  
Washington  
Waukesha  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 136**PERCENT ADMISSIONS FROM:**

Private Residences	79.4%
General Hospitals	17.6
Nursing Homes	0.0
Other	2.9

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 140**PERCENT DISCHARGES TO:**

Private Residences	85.0%
General Hospitals	7.1
Nursing Homes	0.0
Deaths	5.7
Other	2.1

**STAFFING** **FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	3.0
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.4
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>5.2</b>

**REVENUE**

Billings \$	194,000
Disallowances	27,800
Collections	166,200
Other	0
<b>Total</b>	<b>166,200</b>

**EXPENSES**

<b>Total \$</b>	<b>276,640</b>
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**Oconomowoc Home Health Care LLC**

1746 Executive Drive  
Oconomowoc WI 53118

Waukesha County

(262) 569-5520

**COUNTIES SERVED**

Jefferson  
Milwaukee  
Racine  
Waukesha

License Number: 1025  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 37

**TOTAL NUMBER OF ADMISSIONS** 34

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	100.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 9

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	100.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	7	108	15.4
Home Health Aide	1	40	40.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	62	7,088	114.3
Other Home Health Care	1	674	674.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,910	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 2.7%
4 to 34 27.0	Medicaid 94.6
35 to 54 62.2	Other Federal 0.0
55 to 64 10.8	State Funds 0.0
65 to 74 0.0	Private Insurance 2.7
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 37
Males 59.5% Females 40.5 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 2.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 16.2	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 10.8	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 2.7
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 67.6

**REVENUE**

Billings \$	401,256
Disallowances	120,159
Collections	281,097
Other	0
Total	281,097

**EXPENSES**

Total \$	237,691
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.5
Licensed Practical Nurses	0.2
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTEs	2.6

**Lutheran Social Services Home Care**

N555A W226 Eastmound Drive

Waukesha WI 53186

Waukesha County

(262) 896-3444

**COUNTIES SERVED**

Jefferson

Milwaukee

Rock

Walworth

Waukesha

License Number: 220

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 199

**TOTAL NUMBER OF ADMISSIONS** 41**PERCENT ADMISSIONS FROM:**

Private Residences	65.9%
General Hospitals	9.8
Nursing Homes	12.2
Other	12.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 28

**PERCENT DISCHARGES TO:**

Private Residences	46.4%
General Hospitals	10.7
Nursing Homes	3.6
Deaths	14.3
Other	25.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	146	3,403	23.3
Home Health Aide	23	3,935	171.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	302	112,253	371.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	119,591	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 1.5%
4 to 34 37.2	Medicaid 94.6
35 to 54 38.7	Other Federal 0.0
55 to 64 14.1	State Funds 0.0
65 to 74 4.0	Private Insurance 0.5
75 to 84 4.5	Self Pay 2.0
85 & over 1.5	Other 1.5
	TOTAL PATIENTS 204
Males 48.2% Females 51.8 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.5	Genitourinary Sys. 0.0
Diabetes 2.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.5
Dementia/Alzheimers 0.0	Osteopathies 0.5
Psychoses/Neuroses 12.1	Perinatal Period 0.0
Central Nervous Sys. 8.5	Ill-Defined Cond. 0.0
Paralysis/CP 18.6	Fractures 1.0
Cardiovascular 3.5	Wounds, Burns 3.0
Stroke 2.5	Compl. of Surgery 1.0
Respiratory 1.0	Other Conditions 41.7

REVENUE	
Billings \$	2,694,618
Disallowances	0
Collections	2,694,618
Other	971
Total	2,695,589

EXPENSES	
Total \$	2,478,747

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.9
Licensed Practical Nurses	0.4
Home Health Aides	7.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	122.9
Homemakers	0.0
Other Staff	4.0
TOTAL FTES	140.3

**REM Health of Wisconsin**

124 North Oborn Street, Suite A  
Waupaca WI 54981

Waupaca County

(715) 258-2130

**COUNTIES SERVED**

Brown  
Outagamie  
Portage  
Shawano  
Waupaca

License Number: 24  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 48

**TOTAL NUMBER OF ADMISSIONS** 29

**PERCENT ADMISSIONS FROM:**

Private Residences	24.1%
General Hospitals	37.9
Nursing Homes	24.1
Other	13.8

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 13

**PERCENT DISCHARGES TO:**

Private Residences	46.2%
General Hospitals	30.8
Nursing Homes	23.1
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	37	611	16.5
Home Health Aide	1	81	81.0
Physical Therapy	3	3	1.0
Spch/Occ/Resp Therapy	2	1,308	654.0
Medical Social Service	0	0	0.0
Private Duty Nursing	6	850	141.7
Personal Care/PC RN Supv.	49	8,350	170.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,203	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.3%	Medicare 14.6%
4 to 34 25.0	Medicaid 60.4
35 to 54 29.2	Other Federal 0.0
55 to 64 6.3	State Funds 6.3
65 to 74 12.5	Private Insurance 16.7
75 to 84 12.5	Self Pay 2.1
85 & over 8.3	Other 0.0
	TOTAL PATIENTS 48
Males 60.4% Females 39.6 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 6.3%
Cancer 4.2	Genitourinary Sys. 0.0
Diabetes 2.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.3
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 6.3	Perinatal Period 2.1
Central Nervous Sys. 10.4	Ill-Defined Cond. 8.3
Paralysis/CP 14.6	Fractures 4.2
Cardiovascular 4.2	Wounds, Burns 4.2
Stroke 4.2	Compl. of Surgery 0.0
Respiratory 14.6	Other Conditions 8.3

**REVENUE**

Billings \$	805,182
Disallowances	265,742
Collections	539,440
Other	0
Total	539,440

**EXPENSES**

Total \$	605,485
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.0
Registered Nurses	3.2
Licensed Practical Nurses	5.5
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	7.9
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	18.5

**Preferred Home Health Care**

1476 Kenwood Drive  
Menasha WI 54952

Winnebago County

**COUNTIES SERVED**

Calumet  
Outagamie  
Winnebago

(920) 725-1116

License Number: 157  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 218

**TOTAL NUMBER OF ADMISSIONS** 66

**PERCENT ADMISSIONS FROM:**

Private Residences	69.7%
General Hospitals	21.2
Nursing Homes	7.6
Other	1.5

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 59

**PERCENT DISCHARGES TO:**

Private Residences	55.9%
General Hospitals	23.7
Nursing Homes	3.4
Deaths	8.5
Other	8.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	104	1,397	13.4
Home Health Aide	129	21,761	168.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	2	969	484.5
Medical Social Service	0	0	0.0
Private Duty Nursing	2	421	210.5
Personal Care/PC RN Supv.	203	23,625	116.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	48,173	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.3%	Medicare 2.9%
4 to 34 11.0	Medicaid 48.2
35 to 54 17.9	Other Federal 0.0
55 to 64 9.6	State Funds 0.0
65 to 74 15.1	Private Insurance 6.2
75 to 84 25.2	Self Pay 22.8
85 & over 18.8	Other 19.9
	TOTAL PATIENTS 276
Males 36.2% Females 63.8 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 2.3%	Digestive Disorders 0.5%		
Cancer 3.2	Genitourinary Sys. 0.9		
Diabetes 15.6	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 8.3		
Dementia/Alzheimers 8.7	Osteopathies 3.7		
Psychoses/Neuroses 1.4	Perinatal Period 0.5		
Central Nervous Sys. 8.3	Ill-Defined Cond. 3.7		
Paralysis/CP 9.6	Fractures 1.4		
Cardiovascular 11.0	Wounds, Burns 4.1		
Stroke 6.9	Compl. of Surgery 0.0		
Respiratory 3.7	Other Conditions 6.4		

REVENUE	
Billings \$	2,031,333
Disallowances	359,140
Collections	1,672,193
Other	1,478
Total	1,673,671

EXPENSES	
Total \$	1,621,718

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	4.0
Registered Nurses	5.3
Licensed Practical Nurses	1.2
Home Health Aides	14.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	2.2
Other Staff	4.0
<b>TOTAL FTES</b>	<b>32.6</b>

**Thedacare At Home**

201 Bell Street  
Neenah WI 54957

Winnebago County

(920) 969-0919

License Number: 88  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 1,384

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Menominee  
Oconto  
Outagamie  
Shawano  
Waupaca  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 1,329

**PERCENT ADMISSIONS FROM:**

Private Residences 20.9%  
General Hospitals 70.0  
Nursing Homes 7.3  
Other 1.8

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,331

**PERCENT DISCHARGES TO:**

Private Residences 81.4%  
General Hospitals 2.1  
Nursing Homes 5.6  
Deaths 3.7  
Other 7.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,372	11,599	8.5
Home Health Aide	287	3,127	10.9
Physical Therapy	769	4,776	6.2
Spch/Occ/Resp Therapy	424	1,710	4.0
Medical Social Service	86	94	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	861	86.1
Other Home Health Care	14	196	14.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	22,363	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.9%	Medicare 72.3%
4 to 34 5.4	Medicaid 5.3
35 to 54 11.4	Other Federal 0.0
55 to 64 11.6	State Funds 0.0
65 to 74 16.8	Private Insurance 22.1
75 to 84 32.1	Self Pay 0.3
85 & over 19.7	Other 0.0
	TOTAL PATIENTS 1,514
Males 42.5% Females 57.5 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.0%	Digestive Disorders 3.6%
Cancer 9.2	Genitourinary Sys. 2.9
Diabetes 3.2	Preg. & Childbirth 0.1
Diseases of Blood 0.4	Arthropathies 3.3
Dementia/Alzheimers 0.1	Osteopathies 0.9
Psychoses/Neuroses 0.2	Perinatal Period 0.5
Central Nervous Sys. 3.3	Ill-Defined Cond. 16.3
Paralysis/CP 0.8	Fractures 1.7
Cardiovascular 18.6	Wounds, Burns 1.8
Stroke 1.5	Compl. of Surgery 5.6
Respiratory 9.7	Other Conditions 14.4

**REVENUE**

Billings \$	2,930,363
Disallowances	195,036
Collections	2,735,327
Other	1,398
Total	2,736,725

**EXPENSES**

Total \$	3,072,712
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	25.4
Licensed Practical Nurses	0.7
Home Health Aides	7.3
Physical Therapists	6.0
Occupational Therapists	2.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	18.0
TOTAL FTEs	62.0



**Affinity Visiting Nurses**

515 South Washburn Street, Suite 206  
Oshkosh WI 54904 Winnebago County

(920) 236-8500

License Number: 144  
Ownership of Agency: Nonprofit Church/Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 933

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Green Lake  
Manitowoc  
Outagamie  
Shawano  
Waupaca  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 948

**PERCENT ADMISSIONS FROM:**

Private Residences 0.2%  
General Hospitals 69.4  
Nursing Homes 5.1  
Other 25.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 928

**PERCENT DISCHARGES TO:**

Private Residences 75.9%  
General Hospitals 3.0  
Nursing Homes 4.3  
Deaths 3.4  
Other 13.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	877	7,927	9.0
Home Health Aide	63	1,441	22.9
Physical Therapy	503	3,477	6.9
Spch/Occ/Resp Therapy	361	914	2.5
Medical Social Service	143	196	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	372	37.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	14,327	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.3%	Medicare 76.6%
4 to 34 4.0	Medicaid 5.3
35 to 54 10.1	Other Federal 0.0
55 to 64 9.0	State Funds 0.0
65 to 74 19.5	Private Insurance 16.4
75 to 84 32.8	Self Pay 1.0
85 & over 23.4	Other 0.8
	TOTAL PATIENTS 933
Males 40.9% Females 59.1 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 2.0%
Cancer 2.8	Genitourinary Sys. 1.1
Diabetes 2.3	Preg. & Childbirth 0.2
Diseases of Blood 0.4	Arthropathies 1.0
Dementia/Alzheimers 0.1	Osteopathies 0.5
Psychoses/Neuroses 0.5	Perinatal Period 0.4
Central Nervous Sys. 0.4	Ill-Defined Cond. 2.6
Paralysis/CP 0.0	Fractures 0.1
Cardiovascular 9.1	Wounds, Burns 1.3
Stroke 0.9	Compl. of Surgery 2.1
Respiratory 6.9	Other Conditions 65.0

**REVENUE**

Billings \$	1,820,732
Disallowances	-20,722
Collections	1,841,454
Other	1,333
Total	1,842,787

**EXPENSES**

Total \$	2,374,582
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	11.7
Licensed Practical Nurses	1.8
Home Health Aides	1.7
Physical Therapists	3.3
Occupational Therapists	0.8
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.0
Other Staff	2.8
TOTAL FTEs	25.5

**Clarity Care**

424 Washington Avenue  
Oshkosh WI 54901

Winnebago County

(920) 236-6567

License Number: 214  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 474

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Oconto  
Outagamie  
Portage  
Waupaca  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 111

**PERCENT ADMISSIONS FROM:**

Private Residences 73.0%  
General Hospitals 5.4  
Nursing Homes 8.1  
Other 13.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 91

**PERCENT DISCHARGES TO:**

Private Residences 49.5%  
General Hospitals 2.2  
Nursing Homes 14.3  
Deaths 5.5  
Other 28.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	212	7,257	34.2
Home Health Aide	53	10,840	204.5
Physical Therapy	30	445	14.8
Spch/Occ/Resp Therapy	19	463	24.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	556	162,286	291.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	121	19,447	160.7
TOTAL	XXXXXXX	200,738	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 6.2%
4 to 34 15.4	Medicaid 66.5
35 to 54 35.9	Other Federal 0.0
55 to 64 14.3	State Funds 0.0
65 to 74 8.6	Private Insurance 0.9
75 to 84 13.3	Self Pay 4.9
85 & over 12.2	Other 21.4
	TOTAL PATIENTS 529
Males 46.8% Females 53.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 0.8%
Cancer 1.3	Genitourinary Sys. 0.4
Diabetes 6.5	Preg. & Childbirth 0.2
Diseases of Blood 1.1	Arthropathies 9.1
Dementia/Alzheimers 1.1	Osteopathies 1.1
Psychoses/Neuroses 7.6	Perinatal Period 0.2
Central Nervous Sys. 5.5	Ill-Defined Cond. 5.5
Paralysis/CP 13.3	Fractures 2.3
Cardiovascular 5.1	Wounds, Burns 2.7
Stroke 3.4	Compl. of Surgery 0.0
Respiratory 2.3	Other Conditions 29.7

**REVENUE**

Billings \$	5,488,927
Disallowances	1,418,501
Collections	4,070,426
Other	514,999
Total	4,585,425

**EXPENSES**

Total \$	5,171,639
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	7.2
Licensed Practical Nurses	3.9
Home Health Aides	20.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	23.5
Homemakers	8.8
Other Staff	7.0
TOTAL FTEs	74.3

**Homemakers Inc of Oshkosh**

2020 West 9th Avenue, Box 2128

Oshkosh WI 54904

Winnebago County

(920) 233-2080

License Number: 17

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 648

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	141	5,132	36.4
Home Health Aide	128	27,406	214.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	8	833	104.1
Medical Social Service	0	0	0.0
Private Duty Nursing	28	3,496	124.9
Personal Care/PC RN Supv.	778	188,249	242.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	219	73.0
TOTAL	XXXXXXX	225,335	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 1.1%
4 to 34 25.2	Medicaid 85.1
35 to 54 24.7	Other Federal 0.0
55 to 64 13.7	State Funds 0.0
65 to 74 13.6	Private Insurance 2.3
75 to 84 14.5	Self Pay 7.7
85 & over 7.6	Other 3.8
	TOTAL PATIENTS 650
Males 44.4% Females 55.6 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 1.4%
Cancer 0.6	Genitourinary Sys. 2.5
Diabetes 6.2	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 7.4
Dementia/Alzheimers 4.2	Osteopathies 3.2
Psychoses/Neuroses 3.7	Perinatal Period 2.3
Central Nervous Sys. 11.0	Ill-Defined Cond. 0.6
Paralysis/CP 14.0	Fractures 1.1
Cardiovascular 6.6	Wounds, Burns 0.5
Stroke 4.9	Compl. of Surgery 0.2
Respiratory 7.3	Other Conditions 21.1

**COUNTIES SERVED**

Brown  
Calumet  
Dodge  
Door  
Fond du Lac  
Green  
Jefferson  
Kewaunee  
Marathon  
Oconto  
Outagamie  
Portage  
Shawano  
Sheboygan  
Washington  
Waukesha  
Waushara  
Winnebago  
Wood

**TOTAL NUMBER OF ADMISSIONS** 209**PERCENT ADMISSIONS FROM:**

Private Residences	91.4%
General Hospitals	2.9
Nursing Homes	1.4
Other	4.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 156**PERCENT DISCHARGES TO:**

Private Residences	67.9%
General Hospitals	5.8
Nursing Homes	12.8
Deaths	4.5
Other	9.0

**STAFFING** **FTEs**

Administrators	0.4
Reg. Nurse Supervisors	11.1
Registered Nurses	8.6
Licensed Practical Nurses	11.8
Home Health Aides	28.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	44.7
Homemakers	7.9
Other Staff	13.5
<b>TOTAL FTEs</b>	<b>125.9</b>

**REVENUE**

Billings \$	8,534,341
Disallowances	1,775,510
Collections	6,758,831
Other	0
<b>Total</b>	<b>6,758,831</b>

**EXPENSES**

<b>Total</b>	<b>\$ 6,581,865</b>
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**Ministry Home Care Home Health - Marshfield**

303 West Upham Street, Suite 208

Marshfield WI 54449

Wood County

(715) 387-9685

License Number: 182

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of unduplicated patients in 2004 = 1,397

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,307	24,598	18.8
Home Health Aide	263	10,148	38.6
Physical Therapy	509	13,101	25.7
Spch/Occ/Resp Therapy	311	10,723	34.5
Medical Social Service	111	178	1.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	62	3,346	54.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	62,094	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 67.9%
4 to 34 3.6	Medicaid 16.2
35 to 54 8.7	Other Federal 0.0
55 to 64 9.2	State Funds 1.6
65 to 74 16.5	Private Insurance 12.9
75 to 84 31.4	Self Pay 1.4
85 & over 29.2	Other 0.1
	TOTAL PATIENTS 1,397
Males 56.8% Females 43.2 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.3%	Digestive Disorders 1.4%		
Cancer 2.3	Genitourinary Sys. 1.8		
Diabetes 2.5	Preg. & Childbirth 0.2		
Diseases of Blood 0.6	Arthropathies 1.8		
Dementia/Alzheimers 0.2	Osteopathies 0.7		
Psychoses/Neuroses 2.1	Perinatal Period 0.1		
Central Nervous Sys. 0.9	Ill-Defined Cond. 2.6		
Paralysis/CP 0.4	Fractures 0.7		
Cardiovascular 10.2	Wounds, Burns 1.3		
Stroke 0.7	Compl. of Surgery 2.9		
Respiratory 4.7	Other Conditions 61.4		

**COUNTIES SERVED**

Adams  
Chippewa  
Clark  
Lincoln  
Marathon  
Oneida  
Portage  
Shawano  
Taylor  
Vilas  
Waupaca  
Waushara  
Wood

TOTAL NUMBER OF ADMISSIONS 1,363

**PERCENT ADMISSIONS FROM:**

Private Residences	3.4%
General Hospitals	71.8
Nursing Homes	7.4
Other	17.3

TOTAL NUMBER OF DISCHARGES  
(Including Deaths) 1,337**PERCENT DISCHARGES TO:**

Private Residences	74.9%
General Hospitals	3.7
Nursing Homes	4.7
Deaths	3.2
Other	13.4

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	3.0
Registered Nurses	14.2
Licensed Practical Nurses	0.2
Home Health Aides	3.7
Physical Therapists	2.0
Occupational Therapists	0.6
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.6
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.6
TOTAL FTES	31.3

**REVENUE**

Billings \$	3,230,234
Disallowances	397,307
Collections	2,832,927
Other	16,005
Total	2,848,932

**EXPENSES**

Total \$	3,422,904
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**Mercy Home Care Dubuque**

250 Mercy Drive  
Dubuque IA 52001

Out of State

**COUNTIES SERVED**

Grant  
Lafayette

(563) 589-8118

License Number: 197  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 140

**TOTAL NUMBER OF ADMISSIONS** 145

**PERCENT ADMISSIONS FROM:**

Private Residences	2.1%
General Hospitals	95.9
Nursing Homes	2.1
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 142

**PERCENT DISCHARGES TO:**

Private Residences	93.7%
General Hospitals	0.0
Nursing Homes	2.1
Deaths	0.7
Other	3.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	140	1,151	8.2
Home Health Aide	17	290	17.1
Physical Therapy	86	496	5.8
Spch/Occ/Resp Therapy	24	85	3.5
Medical Social Service	5	6	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,028	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 63.1%
4 to 34 3.6	Medicaid 0.7
35 to 54 5.7	Other Federal 0.0
55 to 64 20.7	State Funds 0.0
65 to 74 30.0	Private Insurance 36.2
75 to 84 28.6	Self Pay 0.0
85 & over 10.7	Other 0.0
	TOTAL PATIENTS 141
Males 47.9% Females 52.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.1	Genitourinary Sys. 0.7
Diabetes 0.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.7
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 2.1	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.7
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 7.9	Wounds, Burns 0.7
Stroke 2.1	Compl. of Surgery 2.9
Respiratory 5.0	Other Conditions 74.3

REVENUE	
Billings \$	204,841
Disallowances	20,370
Collections	184,471
Other	0
Total	184,471

EXPENSES	
Total \$	110,516

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTES	1.5

**Interim Healthcare Lake Superior**

227 West First Street  
Duluth MN 55802

Out of State

**COUNTIES SERVED**

Barron  
Douglas

(218) 722-0053

License Number: 284  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 62

**TOTAL NUMBER OF ADMISSIONS** 33

**PERCENT ADMISSIONS FROM:**

Private Residences	75.8%
General Hospitals	15.2
Nursing Homes	9.1
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 28

**PERCENT DISCHARGES TO:**

Private Residences	32.1%
General Hospitals	10.7
Nursing Homes	17.9
Deaths	10.7
Other	28.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	53	1,005	19.0
Home Health Aide	5	84	16.8
Physical Therapy	4	21	5.3
Spch/Occ/Resp Therapy	1	182	182.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	47	23.5
Personal Care/PC RN Supv.	8	864	108.0
Other Home Health Care	3	9	3.0
Homemkr & Other Non HH	20	124	6.2
TOTAL	XXXXXXX	2,336	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.2%	Medicare 6.5%
4 to 34 4.8	Medicaid 54.5
35 to 54 8.1	Other Federal 23.4
55 to 64 19.4	State Funds 0.0
65 to 74 9.7	Private Insurance 3.9
75 to 84 21.0	Self Pay 6.5
85 & over 33.9	Other 5.2
	TOTAL PATIENTS 77
Males 38.7% Females 61.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 1.6%
Cancer 3.2	Genitourinary Sys. 1.6
Diabetes 11.3	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 4.8
Dementia/Alzheimers 1.6	Osteopathies 3.2
Psychoses/Neuroses 11.3	Perinatal Period 1.6
Central Nervous Sys. 6.5	Ill-Defined Cond. 3.2
Paralysis/CP 4.8	Fractures 1.6
Cardiovascular 9.7	Wounds, Burns 0.0
Stroke 3.2	Compl. of Surgery 0.0
Respiratory 6.5	Other Conditions 22.6

REVENUE	
Billings \$	236,046
Disallowances	44,370
Collections	191,676
Other	0
Total	191,676

EXPENSES	
Total \$	190,881

**STAFFING FTES**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	0.7
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.7
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	4.5

**St. Lukes Home Health Services**

220 North 6th Avenue East  
Duluth MN 55805

Out of State

**COUNTIES SERVED**

Douglas

(218) 249-6111

License Number: 169

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 61

**TOTAL NUMBER OF ADMISSIONS** 53

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	75.5
Nursing Homes	0.0
Other	24.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 58

**PERCENT DISCHARGES TO:**

Private Residences	81.0%
General Hospitals	5.2
Nursing Homes	10.3
Deaths	0.0
Other	3.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	46	755	16.4
Home Health Aide	17	504	29.6
Physical Therapy	40	437	10.9
Spch/Occ/Resp Therapy	11	45	4.1
Medical Social Service	9	10	1.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,751	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 66.7%
4 to 34 3.3	Medicaid 4.8
35 to 54 13.1	Other Federal 0.0
55 to 64 21.3	State Funds 0.0
65 to 74 23.0	Private Insurance 27.0
75 to 84 27.9	Self Pay 1.6
85 & over 11.5	Other 0.0
	TOTAL PATIENTS 63
Males 29.5% Females 70.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 1.6%	Digestive Disorders 0.0%
Cancer 6.6	Genitourinary Sys. 3.3
Diabetes 4.9	Preg. & Childbirth 0.0
Diseases of Blood 3.3	Arthropathies 6.6
Dementia/Alzheimers 0.0	Osteopathies 3.3
Psychoses/Neuroses 1.6	Perinatal Period 0.0
Central Nervous Sys. 3.3	Ill-Defined Cond. 23.0
Paralysis/CP 0.0	Fractures 3.3
Cardiovascular 11.5	Wounds, Burns 4.9
Stroke 0.0	Compl. of Surgery 4.9
Respiratory 8.2	Other Conditions 9.8

REVENUE	
Billings \$	237,429
Disallowances	0
Collections	237,429
Other	0
Total	237,429

EXPENSES	
Total \$	199,179

**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.7

**St. Marys Home Health**  
516 East Fourth Street  
Duluth MN 55805

Out of State

**COUNTIES SERVED**  
Douglas

(218) 786-4004

License Number: 175  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 135

**TOTAL NUMBER OF ADMISSIONS** 122

**PERCENT ADMISSIONS FROM:**

Private Residences	0.8%
General Hospitals	70.5
Nursing Homes	0.8
Other	27.9

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 121

**PERCENT DISCHARGES TO:**

Private Residences	77.7%
General Hospitals	14.0
Nursing Homes	0.0
Deaths	0.0
Other	8.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	118	1,184	10.0
Home Health Aide	20	582	29.1
Physical Therapy	38	303	8.0
Spch/Occ/Resp Therapy	22	88	4.0
Medical Social Service	7	10	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,167	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 10.4%	Medicare 39.0%
4 to 34 17.0	Medicaid 27.4
35 to 54 11.9	Other Federal 0.0
55 to 64 15.6	State Funds 0.0
65 to 74 8.9	Private Insurance 13.7
75 to 84 23.0	Self Pay 14.4
85 & over 13.3	Other 5.5
	TOTAL PATIENTS 146
Males 40.7% Females 59.3 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 3.0%	Digestive Disorders 3.7%
Cancer 4.4	Genitourinary Sys. 0.7
Diabetes 3.0	Preg. & Childbirth 3.0
Diseases of Blood 0.0	Arthropathies 3.7
Dementia/Alzheimers 0.0	Osteopathies 2.2
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.5	Ill-Defined Cond. 4.4
Paralysis/CP 0.0	Fractures 0.7
Cardiovascular 9.6	Wounds, Burns 3.7
Stroke 0.0	Compl. of Surgery 6.7
Respiratory 4.4	Other Conditions 45.2

REVENUE	
Billings \$	271,265
Disallowances	92,348
Collections	178,917
Other	0
Total	178,917

EXPENSES	
Total \$	286,909

**STAFFING FTES**

Administrators	0.2
Reg. Nurse Supervisors	0.6
Registered Nurses	2.2
Licensed Practical Nurses	0.4
Home Health Aides	1.0
Physical Therapists	1.0
Occupational Therapists	0.6
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.6
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTES	8.4



**Dickinson Home Health**  
617 North Stephenson Avenue  
Iron Mountain MI 49801

Out of State

**COUNTIES SERVED**

Florence  
Forest  
Marinette

(906) 779-7820

License Number: 314  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 92

**TOTAL NUMBER OF ADMISSIONS** 96

**PERCENT ADMISSIONS FROM:**

Private Residences	96.9%
General Hospitals	0.0
Nursing Homes	2.1
Other	1.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 102

**PERCENT DISCHARGES TO:**

Private Residences	90.2%
General Hospitals	2.9
Nursing Homes	1.0
Deaths	3.9
Other	2.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	76	933	12.3
Home Health Aide	20	213	10.7
Physical Therapy	44	474	10.8
Spch/Occ/Resp Therapy	14	40	2.9
Medical Social Service	4	4	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,664	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 68.5%
4 to 34 5.4	Medicaid 9.8
35 to 54 10.9	Other Federal 0.0
55 to 64 17.4	State Funds 0.0
65 to 74 19.6	Private Insurance 21.7
75 to 84 29.3	Self Pay 0.0
85 & over 15.2	Other 0.0
	TOTAL PATIENTS 92
Males 40.2% Females 59.8 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 2.2%	Digestive Disorders 4.3%		
Cancer 6.5	Genitourinary Sys. 8.7		
Diabetes 4.3	Preg. & Childbirth 0.0		
Diseases of Blood 0.0	Arthropathies 13.0		
Dementia/Alzheimers 0.0	Osteopathies 2.2		
Psychoses/Neuroses 0.0	Perinatal Period 3.3		
Central Nervous Sys. 0.0	Ill-Defined Cond. 16.3		
Paralysis/CP 2.2	Fractures 9.8		
Cardiovascular 9.8	Wounds, Burns 6.5		
Stroke 2.2	Compl. of Surgery 3.3		
Respiratory 3.3	Other Conditions 2.2		

REVENUE		
Billings \$	242,278	
Disallowances	-18,958	
Collections	261,236	
Other	224	
Total	261,460	

EXPENSES		
Total \$	256,160	

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	2.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.2
TOTAL FTES	7.1

**United Home Care**  
927 Riverside Plaza  
Iron River MI 49935

Out of State

**COUNTIES SERVED**  
Florence  
Forest  
Vilas

(906) 265-6118

License Number: 1013  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 19

**TOTAL NUMBER OF ADMISSIONS** 18

**PERCENT ADMISSIONS FROM:**

Private Residences	5.6%
General Hospitals	61.1
Nursing Homes	0.0
Other	33.3

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 16

**PERCENT DISCHARGES TO:**

Private Residences	68.8%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	12.5
Other	18.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	158	8.3
Home Health Aide	3	38	12.7
Physical Therapy	8	98	12.3
Spch/Occ/Resp Therapy	5	11	2.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	305	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.0%
4 to 34 0.0	Medicaid 0.0
35 to 54 10.5	Other Federal 0.0
55 to 64 15.8	State Funds 0.0
65 to 74 10.5	Private Insurance 20.0
75 to 84 36.8	Self Pay 0.0
85 & over 26.3	Other 0.0
	TOTAL PATIENTS 20
Males 52.6% Females 47.4 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 5.3%
Cancer 10.5	Genitourinary Sys. 0.0
Diabetes 10.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 15.8
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 10.5
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 10.5	Wounds, Burns 15.8
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 5.3	Other Conditions 15.8

**REVENUE**

Billings \$	32,832
Disallowances	-7,193
Collections	40,025
Other	0
Total	40,025

**EXPENSES**

Total \$	24,062
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**STAFFING FTES**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	0.2

Caring Home Health  
N10567 Grandview Lane  
Ironwood MI 49938

Out of State

COUNTIES SERVED  
Iron

(800) 932-1234

License Number: 190  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 102

TOTAL NUMBER OF ADMISSIONS 101

PERCENT ADMISSIONS FROM:

Private Residences	32.7%
General Hospitals	49.5
Nursing Homes	17.8
Other	0.0

TOTAL NUMBER OF DISCHARGES  
(Including Deaths) 110

PERCENT DISCHARGES TO:

Private Residences	83.6%
General Hospitals	8.2
Nursing Homes	5.5
Deaths	0.9
Other	1.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	100	1,174	11.7
Home Health Aide	35	574	16.4
Physical Therapy	49	314	6.4
Spch/Occ/Resp Therapy	8	30	3.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	13	934	71.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,026	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.2%
4 to 34 1.0	Medicaid 10.3
35 to 54 3.9	Other Federal 0.0
55 to 64 8.8	State Funds 0.0
65 to 74 17.6	Private Insurance 5.6
75 to 84 38.2	Self Pay 0.0
85 & over 30.4	Other 0.9
	TOTAL PATIENTS 107
Males 24.5% Females 75.5 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 2.0%
Cancer 2.0	Genitourinary Sys. 2.0
Diabetes 2.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.9
Dementia/Alzheimers 1.0	Osteopathies 2.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 5.9
Paralysis/CP 0.0	Fractures 3.9
Cardiovascular 15.7	Wounds, Burns 1.0
Stroke 1.0	Compl. of Surgery 1.0
Respiratory 8.8	Other Conditions 45.1

REVENUE	
Billings \$	215,827
Disallowances	9,727
Collections	206,100
Other	0
Total	206,100

EXPENSES	
Total \$	151,002

STAFFING	FTEs
Administrators	0.1
Reg. Nurse Supervisors	2.0
Registered Nurses	0.8
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.8
TOTAL FTEs	7.0

**Marquette General Home Health**800 East Boulevard  
Kingsford MI 49802

Out of State

(906) 779-1844

**COUNTIES SERVED**Florence  
Forest  
Marinette  
Oconto

License Number: 207  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Department of a hospital? Yes  
 Number of unduplicated patients in 2004 = 231

**TOTAL NUMBER OF ADMISSIONS** 191**PERCENT ADMISSIONS FROM:**

Private Residences 14.1%  
 General Hospitals 82.7  
 Nursing Homes 3.1  
 Other 0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 187

**PERCENT DISCHARGES TO:**

Private Residences 71.1%  
 General Hospitals 10.2  
 Nursing Homes 8.0  
 Deaths 7.5  
 Other 3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	231	3,442	14.9
Home Health Aide	46	2,080	45.2
Physical Therapy	11	480	43.6
Spch/Occ/Resp Therapy	4	17	4.3
Medical Social Service	22	44	2.0
Private Duty Nursing	1	144	144.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,207	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 70.4%
4 to 34 4.8	Medicaid 9.1
35 to 54 14.3	Other Federal 0.0
55 to 64 8.7	State Funds 0.0
65 to 74 16.9	Private Insurance 20.6
75 to 84 32.9	Self Pay 0.0
85 & over 20.3	Other 0.0
	TOTAL PATIENTS 243
Males 46.3% Females 53.7 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 4.8%	Digestive Disorders 9.5%
Cancer 9.1	Genitourinary Sys. 8.7
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 2.6	Arthropathies 10.4
Dementia/Alzheimers 0.4	Osteopathies 13.0
Psychoses/Neuroses 0.0	Perinatal Period 0.9
Central Nervous Sys. 0.4	Ill-Defined Cond. 3.9
Paralysis/CP 1.7	Fractures 2.2
Cardiovascular 10.0	Wounds, Burns 5.6
Stroke 1.3	Compl. of Surgery 1.3
Respiratory 8.7	Other Conditions 0.0

**REVENUE**

Billings \$ 999,317  
 Disallowances 199,863  
 Collections 799,454  
 Other 0  
 Total 799,454

**EXPENSES**

Total \$ 720,013

**STAFFING****FTEs**

Administrators 1.0  
 Reg. Nurse Supervisors 0.4  
 Registered Nurses 4.0  
 Licensed Practical Nurses 1.0  
 Home Health Aides 2.0  
 Physical Therapists 0.5  
 Occupational Therapists 0.0  
 Speech Pathologists 0.0  
 Respiratory Therapists 0.0  
 Medical Social Workers 0.4  
 Other Therapeutic Staff 0.0  
 Personal Care Workers 0.0  
 Homemakers 0.0  
 Other Staff 1.0  
**TOTAL FTEs** 10.3

**Hiawatha Homecare**

4920 Moundview Drive, Suite B  
Red Wing MN 55066

Out of State

**COUNTIES SERVED**

Pepin  
Pierce  
St. Croix

(651) 388-2223

License Number: 340

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 14

**TOTAL NUMBER OF ADMISSIONS** 12

**PERCENT ADMISSIONS FROM:**

Private Residences	16.7%
General Hospitals	75.0
Nursing Homes	0.0
Other	8.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 10

**PERCENT DISCHARGES TO:**

Private Residences	70.0%
General Hospitals	20.0
Nursing Homes	0.0
Deaths	10.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	13	146	11.2
Home Health Aide	2	438	219.0
Physical Therapy	3	9	3.0
Spch/Occ/Resp Therapy	1	693	693.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	161	80.5
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	2	58	29.0
Homemkr & Other Non HH	1	2	2.0
TOTAL	XXXXXXX	1,507	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 21.4%	Medicare 7.1%
4 to 34 14.3	Medicaid 28.6
35 to 54 21.4	Other Federal 0.0
55 to 64 21.4	State Funds 0.0
65 to 74 0.0	Private Insurance 64.3
75 to 84 7.1	Self Pay 0.0
85 & over 14.3	Other 0.0
	TOTAL PATIENTS 14
Males 50.0% Females 50.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 14.3%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 7.1	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 7.1
Psychoses/Neuroses 0.0	Perinatal Period 14.3
Central Nervous Sys. 14.3	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 7.1
Cardiovascular 7.1	Wounds, Burns 7.1
Stroke 0.0	Compl. of Surgery 7.1
Respiratory 7.1	Other Conditions 7.1

**REVENUE**

Billings \$	532,908
Disallowances	287,243
Collections	245,665
Other	0
Total	245,665

**EXPENSES**

Total \$	165,744
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.4
Licensed Practical Nurses	1.6
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTEs	3.6

Red Wing Regional Home Health  
1407 West 4th Street, Box 134  
Red Wing MN 55066

Out of State

COUNTIES SERVED  
Pierce

(651) 385-3410

License Number: 215  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of unduplicated patients in 2004 = 44

TOTAL NUMBER OF ADMISSIONS 47

PERCENT ADMISSIONS FROM:

Private Residences	0.0%
General Hospitals	61.7
Nursing Homes	8.5
Other	29.8

TOTAL NUMBER OF DISCHARGES  
(Including Deaths) 46

PERCENT DISCHARGES TO:

Private Residences	71.7%
General Hospitals	0.0
Nursing Homes	13.0
Deaths	0.0
Other	15.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	35	201	5.7
Home Health Aide	12	294	24.5
Physical Therapy	20	207	10.4
Spch/Occ/Resp Therapy	8	125	15.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	4	4.0
TOTAL	XXXXXXX	831	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 56.8%
4 to 34 6.8	Medicaid 4.5
35 to 54 13.6	Other Federal 0.0
55 to 64 22.7	State Funds 0.0
65 to 74 20.5	Private Insurance 13.6
75 to 84 25.0	Self Pay 4.5
85 & over 11.4	Other 20.5
	TOTAL PATIENTS 44
Males 59.1% Females 40.9 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 11.4%	Digestive Disorders 2.3%
Cancer 13.6	Genitourinary Sys. 0.0
Diabetes 6.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.3
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.3	Ill-Defined Cond. 9.1
Paralysis/CP 0.0	Fractures 9.1
Cardiovascular 20.5	Wounds, Burns 0.0
Stroke 4.5	Compl. of Surgery 9.1
Respiratory 9.1	Other Conditions 0.0

REVENUE	
Billings \$	130,267
Disallowances	13,505
Collections	116,762
Other	7,633
Total	124,395

EXPENSES	
Total \$	140,387

STAFFING FTES

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	0.2
TOTAL FTES	1.2

**Interim Healthcare Rockford**

5411 East State Street, Suite 212

Rockford IL 61108

Out of State

**COUNTIES SERVED**

Rock

Walworth

(800) 427-4433

License Number: 248

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 16

**TOTAL NUMBER OF ADMISSIONS** 12**PERCENT ADMISSIONS FROM:**

Private Residences	8.3%
General Hospitals	50.0
Nursing Homes	33.3
Other	8.3

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 12

**PERCENT DISCHARGES TO:**

Private Residences	58.3%
General Hospitals	8.3
Nursing Homes	25.0
Deaths	8.3
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	11	59	5.4
Home Health Aide	4	30	7.5
Physical Therapy	4	147	36.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	870	217.5
Personal Care/PC RN Supv.	2	102	51.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,208	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 18.8%	Medicare 25.0%
4 to 34 18.8	Medicaid 37.5
35 to 54 25.0	Other Federal 0.0
55 to 64 18.8	State Funds 0.0
65 to 74 0.0	Private Insurance 37.5
75 to 84 18.8	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 16
Males 50.0%	Females 50.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 6.3%	Digestive Disorders 0.0%
Cancer 25.0	Genitourinary Sys. 0.0
Diabetes 6.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 6.3	Osteopathies 18.8
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 6.3
Cardiovascular 0.0	Wounds, Burns 12.5
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 18.8

REVENUE	
Billings \$	291,328
Disallowances	20,548
Collections	270,780
Other	0
Total	270,780

EXPENSES	
Total \$	259,413

**STAFFING FTES**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	2.5
Licensed Practical Nurses	1.5
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
TOTAL FTES	6.7

**Gentiva Health Services**

1970 Oakcrest Avenue, Suite 107  
Roseville MN 55113

Out of State

(800) 677-2244

**COUNTIES SERVED**

Pierce  
Polk  
St. Croix

License Number: 211  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 23

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	14	91	6.5
Home Health Aide	2	43	21.5
Physical Therapy	8	21	2.6
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	6,386	798.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,541	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 4.3%
4 to 34 30.4	Medicaid 4.3
35 to 54 30.4	Other Federal 0.0
55 to 64 17.4	State Funds 0.0
65 to 74 8.7	Private Insurance 26.1
75 to 84 4.3	Self Pay 21.7
85 & over 8.7	Other 43.5
	TOTAL PATIENTS 23
Males 47.8% Females 52.2 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 4.3	Genitourinary Sys. 0.0
Diabetes 21.7	Preg. & Childbirth 21.7
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 13.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 4.3	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 17.4	Wounds, Burns 13.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 4.3

**TOTAL NUMBER OF ADMISSIONS** 13

**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	38.5
Nursing Homes	61.5
Other	0.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

**STAFFING FTES**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.6
Licensed Practical Nurses	0.5
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>5.5</b>

**REVENUE**

Billings \$	521,471
Disallowances	40,823
Collections	480,648
Other	0
<b>Total</b>	<b>480,648</b>

**EXPENSES**

<b>Total \$</b>	<b>492,332</b>
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**Gentiva Health Services**

1970 Oakcrest Avenue, Suite 107  
Roseville MN 55113

Out of State

**COUNTIES SERVED**

Pierce  
St. Croix

(651) 636-6330

License Number: 286

Ownership of Agency: Proprietary Corporation

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of unduplicated patients in 2004 = 10

**TOTAL NUMBER OF ADMISSIONS** 2

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 5

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	7	547	78.1
Home Health Aide	1	24	24.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	3	981	327.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,552	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 34 60.0	Medicaid 0.0
35 to 54 20.0	Other Federal 0.0
55 to 64 10.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 100.0
85 & over 10.0	Other 0.0
	TOTAL PATIENTS 10
Males 40.0% Females 60.0 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 10.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 10.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 10.0
Stroke 10.0	Compl. of Surgery 0.0
Respiratory 10.0	Other Conditions 50.0

**REVENUE**

Billings \$	8,490
Disallowances	24
Collections	8,466
Other	0
Total	8,466

**EXPENSES**

Total \$	10,795
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	0.3
Licensed Practical Nurses	0.5
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.4
TOTAL FTEs	1.4

**Lakeview Hospital Homecare**

5610 Norwich Parkway  
Stillwater MN 55082

Out of State

(651) 430-3320

**COUNTIES SERVED**

Barron  
Pierce  
Polk  
St. Croix

License Number: 260  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 180

**TOTAL NUMBER OF ADMISSIONS** 174

**PERCENT ADMISSIONS FROM:**

Private Residences	2.9%
General Hospitals	62.6
Nursing Homes	10.3
Other	24.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 166

**PERCENT DISCHARGES TO:**

Private Residences	92.8%
General Hospitals	3.0
Nursing Homes	3.0
Deaths	1.2
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	153	944	6.2
Home Health Aide	51	1,499	29.4
Physical Therapy	53	336	6.3
Spch/Occ/Resp Therapy	19	87	4.6
Medical Social Service	2	4	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	71	23.7
TOTAL	XXXXXXX	2,941	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 46.1%
4 to 34 18.3	Medicaid 6.7
35 to 54 32.8	Other Federal 0.0
55 to 64 17.8	State Funds 0.0
65 to 74 5.6	Private Insurance 46.7
75 to 84 16.1	Self Pay 0.0
85 & over 7.2	Other 0.6
	TOTAL PATIENTS 180
Males 33.3% Females 66.7 %	

PRIMARY DIAGNOSIS			
Infectious Disorders 0.6%	Digestive Disorders 0.6%		
Cancer 2.8	Genitourinary Sys. 4.4		
Diabetes 0.6	Preg. & Childbirth 21.1		
Diseases of Blood 0.0	Arthropathies 3.3		
Dementia/Alzheimers 0.6	Osteopathies 18.9		
Psychoses/Neuroses 0.0	Perinatal Period 2.2		
Central Nervous Sys. 0.6	Ill-Defined Cond. 0.0		
Paralysis/CP 0.0	Fractures 4.4		
Cardiovascular 11.7	Wounds, Burns 3.3		
Stroke 0.0	Compl. of Surgery 3.9		
Respiratory 0.0	Other Conditions 21.1		

REVENUE		
Billings \$	463,590	
Disallowances	131,227	
Collections	332,363	
Other	0	
Total	332,363	

EXPENSES		
Total \$	317,579	

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	2.6

**St. Elizabeth Home Health Care**1200 West 5th Grant Boulevard  
Wabasha MN 55981

Out of State

**COUNTIES SERVED**Buffalo  
Pepin

(651) 565-5577

License Number: 356

Ownership of Agency: Nonprofit Church/Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Department of a hospital? Yes

Number of unduplicated patients in 2004 = 23

**TOTAL NUMBER OF ADMISSIONS** 26**PERCENT ADMISSIONS FROM:**

Private Residences	0.0%
General Hospitals	69.2
Nursing Homes	15.4
Other	15.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 19

**PERCENT DISCHARGES TO:**

Private Residences	57.9%
General Hospitals	21.1
Nursing Homes	10.5
Deaths	0.0
Other	10.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	23	365	15.9
Home Health Aide	5	41	8.2
Physical Therapy	3	13	4.3
Spch/Occ/Resp Therapy	1	12	12.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	314	52.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	745	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 41.7%
4 to 34 0.0	Medicaid 25.0
35 to 54 8.7	Other Federal 0.0
55 to 64 26.1	State Funds 0.0
65 to 74 17.4	Private Insurance 16.7
75 to 84 8.7	Self Pay 16.7
85 & over 39.1	Other 0.0
	TOTAL PATIENTS 24
Males 39.1% Females 60.9 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 8.7%
Cancer 4.3	Genitourinary Sys. 4.3
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 8.7
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 39.1	Wounds, Burns 13.0
Stroke 0.0	Compl. of Surgery 8.7
Respiratory 8.7	Other Conditions 0.0

**REVENUE**

Billings \$	27,735
Disallowances	7,882
Collections	19,853
Other	0
Total	19,853

**EXPENSES**

Total \$	28,987
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	1.5

**Winona Health Home Care**  
175 East Wabasha Street  
Winona MN 55987

Out of State

**COUNTIES SERVED**  
Buffalo  
Trempealeau

(507) 457-4468

License Number: 318  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Department of a hospital? Yes  
Number of unduplicated patients in 2004 = 28

**TOTAL NUMBER OF ADMISSIONS** 25

**PERCENT ADMISSIONS FROM:**

Private Residences	12.0%
General Hospitals	40.0
Nursing Homes	12.0
Other	36.0

**TOTAL NUMBER OF DISCHARGES**  
(Including Deaths) 25

**PERCENT DISCHARGES TO:**

Private Residences	92.0%
General Hospitals	0.0
Nursing Homes	4.0
Deaths	0.0
Other	4.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	25	222	8.9
Home Health Aide	5	232	46.4
Physical Therapy	7	46	6.6
Spch/Occ/Resp Therapy	5	32	6.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	18	9.0
TOTAL	XXXXXXX	550	XXXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 58.6%
4 to 34 3.6	Medicaid 3.4
35 to 54 3.6	Other Federal 0.0
55 to 64 7.1	State Funds 0.0
65 to 74 25.0	Private Insurance 17.2
75 to 84 46.4	Self Pay 17.2
85 & over 14.3	Other 3.4
	TOTAL PATIENTS 29
Males 42.9% Females 57.1 %	

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 3.6%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 14.3
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 3.6	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 10.7
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 14.3	Wounds, Burns 0.0
Stroke 7.1	Compl. of Surgery 0.0
Respiratory 10.7	Other Conditions 35.7

REVENUE	
Billings \$	45,040
Disallowances	9,343
Collections	35,697
Other	0
Total	35,697

EXPENSES	
Total \$	35,608

**STAFFING FTES**

Administrators	0.3
Reg. Nurse Supervisors	0.4
Registered Nurses	1.9
Licensed Practical Nurses	0.3
Home Health Aides	0.8
Physical Therapists	0.9
Occupational Therapists	0.7
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTES	5.2

**Caregivers Home Health**

1037 Lake Avenue  
Woodstock WI 60098

Out of State

(800) 338-0477

**COUNTIES SERVED**

Dane  
Kenosha  
Racine  
Rock  
Walworth

License Number: 257  
Ownership of Agency: Proprietary Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of unduplicated patients in 2004 = 68

**TOTAL NUMBER OF ADMISSIONS** 42

**PERCENT ADMISSIONS FROM:**

Private Residences	69.0%
General Hospitals	23.8
Nursing Homes	0.0
Other	7.1

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 22

**PERCENT DISCHARGES TO:**

Private Residences	59.1%
General Hospitals	18.2
Nursing Homes	0.0
Deaths	13.6
Other	9.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	53	215	4.1
Home Health Aide	4	1,515	378.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	2	162	81.0
Medical Social Service	0	0	0.0
Private Duty Nursing	16	1,662	103.9
Personal Care/PC RN Supv.	94	7,780	82.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	11,334	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.9%	Medicare 2.2%
4 to 34 36.8	Medicaid 93.3
35 to 54 25.0	Other Federal 0.0
55 to 64 19.1	State Funds 0.0
65 to 74 2.9	Private Insurance 2.2
75 to 84 5.9	Self Pay 1.1
85 & over 7.4	Other 1.1
	TOTAL PATIENTS 89
Males 36.8% Females 63.2 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 8.8	Genitourinary Sys. 0.0
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 5.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 7.4	Perinatal Period 4.4
Central Nervous Sys. 11.8	Ill-Defined Cond. 5.9
Paralysis/CP 13.2	Fractures 1.5
Cardiovascular 5.9	Wounds, Burns 0.0
Stroke 5.9	Compl. of Surgery 0.0
Respiratory 4.4	Other Conditions 19.1

**REVENUE**

Billings \$	1,068,733
Disallowances	150,730
Collections	918,003
Other	0
Total	918,003

**EXPENSES**

Total \$	909,059
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**STAFFING****FTEs**

Administrators	0.6
Reg. Nurse Supervisors	1.4
Registered Nurses	2.0
Licensed Practical Nurses	10.1
Home Health Aides	4.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.8
Homemakers	0.0
Other Staff	2.8
<b>TOTAL FTEs</b>	<b>22.4</b>

## STATE OF WISCONSIN TOTALS

Number of unduplicated patients in 2004 = 69,510

TOTAL NUMBER OF ADMISSIONS 62,824

## PERCENT ADMISSIONS FROM:

Private Residences	25.1%
General Hospitals	60.4
Nursing Homes	8.1
Other	6.4

## TOTAL NUMBER OF DISCHARGES

(INCLUDING DEATHS) 62,805

## PERCENT DISCHARGES TO:

Private Residences	77.4
General Hospitals	7.4
Nursing Homes	4.1
Deaths	2.5
Other	8.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	57,846	758,411	13.1
Home Health Aide	15,927	542,189	34.0
Physical Therapy	28,827	220,038	7.6
Spch/Occ/Resp Therapy	13,057	106,225	8.1
Medical Social Service	4,970	9,818	2.0
Private Duty Nursing	338	48,183	142.6
Personal Care/PC RN Supv.	13,323	1,700,189	127.6
Other Home Health Care	122	3,056	25.0
Homemkr & Other Non HH	1,232	108,742	88.3
TOTAL	XXXXXX	3,496,851	XXXXX

## AGE AND SEX OF PATIENTS PATIENT REIMBURSEMENT SOURCE

Under 4	5.1	Medicare	56.7%
4 to 34	6.2	Medicaid	16.2
35 to 54	13.2	Other Federal	0.2
55 to 64	11.9	State Funds	1.3
65 to 74	16.9	Priv. Insurance	20.6
75 to 84	27.3	Self Pay	3.2
85 & over	19.4	Other	1.7
		TOTAL PATIENTS	72,876

Males 41.0 %      Females 59.0 %

## PRIMARY DIAGNOSIS

Infectious Disorders	0.9%	Digestive Disorders	2.9%
Cancer	5.1	Genitourinary Sys.	2.1
Diabetes	4.5	Preg. & Childbirth	0.3
Diseases of Blood	1.0	Arthropathies	8.7
Dementia/Alzheimers	0.7	Osteopathies	1.3
Psychoses/Neuroses	1.6	Perinatal Period	3.4
Central Nervous Sys.	2.1	Ill-Defined Cond.	6.5
Paralysis/CP	1.4	Fractures	2.7
Cardiovascular	12.8	Wounds, Burns	2.3
Stroke	2.0	Compl. of Surgery	4.0
Respiratory	5.2	Other Conditions	28.5

## REVENUE

Billings	\$267,732,062
Disallowances	43,965,099
Collections	223,766,963
Other	4,525,282
Total	228,292,245

## EXPENSES

Total \$238,493,023

## STAFFING

## FTES

Administrators	120.9
Reg. Nurse Supervisors	183.9
Registered Nurses	1025.9
Licensed Practical Nurses	164.0
Home Health Aides	773.2
Physical Therapists	171.0
Occupational Therapists	55.2
Speech Pathologists	11.5
Respiratory Therapists	13.0
Medical Social Workers	36.8
Other Therapeutic Staff	18.8
Personal Care Workers	1241.2
Homemakers	129.3
Other Staff	681.6
TOTAL FTES	4626.2

## **Indices of Home Health Agency Profiles**





## INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
1	139	Moundview Memorial Hospital and Clinic	Adams	Adams
2	251	Bay Area Health, LLC	Ashland	Ashland
3	151	Lakeview Medical Center	Rice Lake	Barron
4	11	Bayfield County Health Department	Washburn	Bayfield
5	1008	Aurora VNA of Wisconsin	Green Bay	Brown
6	14	Bellin Home Health Agency	Green Bay	Brown
7	218	Heartland Home Health Care	Green Bay	Brown
8	154	Home Care Advantage	Green Bay	Brown
9	266	Interim Healthcare of Northeastern Wisconsin	Green Bay	Brown
10	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
11	41	Burnett Co. Dept. of Health and Human Services	Siren	Burnett
12	42	Calumet County Health Department Home Health Agency	Chilton	Calumet
13	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
14	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
15	146	Memorial Hospital	Neillsville	Clark
16	328	Divine Savior Home Care	Portage	Columbia
17	46	Prairie du Chien Memorial Hospital Home Health Care	Prairie du Chien	Crawford
18	316	Catalyst, Inc.	Madison	Dane
19	176	Home Health United VNS	Madison	Dane
20	294	Independent Health Care	Madison	Dane
21	206	Interim Healthcare of Madison	Madison	Dane
22	222	Meriter Home Care Agency	Madison	Dane
23	252	University Hospital Home Health Agency	Middleton	Dane
24	341	Stoughton Hospital Home Health United	Stoughton	Dane
25	188	Hillside Home Health	Beaver Dam	Dodge
26	134	Marquardt Memorial Manor	Watertown	Dodge
27	165	Watertown Memorial Hospital Home Health Program	Watertown	Dodge
28	187	Door County Memorial Home Health	Sturgeon Bay	Door
29	50	Douglas County Home Health Care Unit	Superior	Douglas
30	172	The Dove, Inc.	Superior	Douglas
31	310	Aurora Community Health	Menomonie	Dunn
32	51	Dunn County Home Health Care	Menomonie	Dunn
33	335	Lifenet	Eau Claire	Eau Claire
34	1010	Mission Home Health Lutheran Social Services	Eau Claire	Eau Claire
35	127	Northwest Wisconsin Homecare	Eau Claire	Eau Claire
36	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
37	55	St. Agnes Hospital Home Care Services	Fond du Lac	Fond du Lac
38	57	Grant County Home Nursing Service	Lancaster	Grant
39	330	Homeward Bound Home Health	Lancaster	Grant
40	142	The Monroe Clinic Home Care	Monroe	Green
41	235	CHN Home Care	Berlin	Green Lake
42	60	Upland Hills Home Care	Dodgeville	Iowa
43	219	Pine View Home Health	Black River Falls	Jackson
44	137	Fort Healthcare Home Health	Fort Atkinson	Jefferson

## INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
45	63	Jefferson County Health Department	Jefferson	Jefferson
46	135	KJM Home Health Care Agency	Watertown	Jefferson
47	216	Hess Home Health	Mauston	Juneau
48	1035	The Caring Heart	Franksville	Kenosha
49	65	Kenosha VNA	Kenosha	Kenosha
50	130	Alliance Home Care	Pleasant Prairie	Kenosha
51	1028	Caregivers La Crosse	La Crosse	La Crosse
52	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
53	1027	Gundersen Lutheran Medical Center	La Crosse	La Crosse
54	66	La Crosse County Health Department	La Crosse	La Crosse
55	68	Lafayette County Nursing Agency	Darlington	Lafayette
56	69	Langlade County Health Department	Antigo	Langlade
57	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
58	1	Homecare Health Services	Manitowoc	Manitowoc
59	73	Aspirus VNA Home Health Inc.	Wausau	Marathon
60	277	Interim Healthcare	Wausau	Marathon
61	1005	Caregivers Home Health	Marinette	Marinette
62	256	Northland Lutheran HHS	Marinette	Marinette
63	241	Northland Home Health	Westfield	Marquette
64	150	Horizon Home Care and Hospice	Brown Deer	Milwaukee
65	1032	Regal Home Health Services	Brown Deer	Milwaukee
66	326	Affiliated Home Health Care	Milwaukee	Milwaukee
67	81	Aurora Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
68	123	Barry Healthcare Services	Milwaukee	Milwaukee
69	179	Covenant Home Health and Hospice	Milwaukee	Milwaukee
70	147	Laabs Home Health Care	Milwaukee	Milwaukee
71	1029	Maxim Healthcare Services	Milwaukee	Milwaukee
72	23	Metro Home Health Services	Milwaukee	Milwaukee
73	309	Midamerica Healthcare Corporation WI	Milwaukee	Milwaukee
74	1023	Quality Assurance Home Health Services	Milwaukee	Milwaukee
75	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee
76	225	Nursing Consultation & Care Management	Shorewood	Milwaukee
77	122	Anew Home Health Care	Wauwatosa	Milwaukee
78	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
79	278	Preferred Home Health Services	Wauwatosa	Milwaukee
80	306	ANS Home Health Services	West Allis	Milwaukee
81	1031	Aseracare Home Health	West Allis	Milwaukee
82	237	Gentiva Health Services	West Allis	Milwaukee
83	287	Gentiva Health Services	West Allis	Milwaukee
84	279	Professional Home Care Services	West Allis	Milwaukee
85	83	Monroe County Health Department	Sparta	Monroe
86	1017	The Woodlands Home Health	Suring	Oconto
87	253	Ministry Home Care Home Health Rhinelander	Rhineland	Oneida
88	89	Ozaukee County Public Health Department	Port Washington	Ozaukee

## INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
89	90	Pepin County Nursing Service	Durand	Pepin
90	91	Pierce County Home Care	Ellsworth	Pierce
91	349	Spring Valley Home Health Services	Spring Valley	Pierce
92	92	Polk County Home Care Program	Balsam Lake	Polk
93	27	Community Health Resources	Park Falls	Price
94	202	Supportive Home Services	Park Falls	Price
95	238	Flambeau Home Health and Hospice	Phillips	Price
96	3	Gentiva Health Services	Racine	Racine
97	305	SAI Home Health Care	Racine	Racine
98	1015	Accura Home Health	Avalon	Rock
99	98	At Home Healthcare	Beloit	Rock
100	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
101	99	Mercy Assisted Care	Janesville	Rock
102	295	Indianhead Home Health Care	Ladysmith	Rusk
103	100	Rusk County Department of Health and Human Services	Ladysmith	Rusk
104	128	Heartland Home Health	Baldwin	St. Croix
105	36	REM Health of Wisconsin	Baraboo	Sauk
106	102	Sauk County Health Department	Baraboo	Sauk
107	103	Sawyer County Health and Human Services	Hayward	Sawyer
108	124	St. Nicholas Hospital Home Health and Hospice	Sheboygan	Sheboygan
109	107	Trempealeau County Health Department	Whitehall	Trempealeau
110	271	Vernon Memorial Hospital Home Health Care Agency	Viroqua	Vernon
111	125	Home Care Network	Lake Geneva	Walworth
112	304	Hearts of Gold	Shell Lake	Washburn
113	324	Indianhead Medical Center Home Health Agency	Shell Lake	Washburn
114	208	Spooner Health Services Home Care	Spooner	Washburn
115	1024	Heartland Home Health Care and Hospice	West Bend	Washington
116	280	Heartland Home Health Care and Hospice	Brookfield	Waukesha
117	1022	LS Prof Comfort Homes	Brookfield	Waukesha
118	1009	Universal Pediatric Services	Brookfield	Waukesha
119	170	Prohealth Home Care	Hartland	Waukesha
120	240	Hannah Home Health Care	Mukwonago	Waukesha
121	247	Coram Alternate Site Services Inc.	New Berlin	Waukesha
122	1025	Oconomowoc Home Health Care LLC	Oconomowoc	Waukesha
123	220	Lutheran Social Services Home Care	Waukesha	Waukesha
124	24	REM Health of Wisconsin	Waupaca	Waupaca
125	157	Preferred Home Health Care	Menasha	Winnebago
126	88	Thedacare At Home	Neenah	Winnebago
127	144	Affinity Visiting Nurses	Oshkosh	Winnebago
128	214	Clarity Care	Oshkosh	Winnebago
129	17	Homemakers Inc of Oshkosh	Oshkosh	Winnebago
130	182	Ministry Home Care Home Health - Marshfield	Marshfield	Wood
131	197	Mercy Home Care Dubuque	Dubuque	Out of State
132	284	Interim Healthcare Lake Superior	Duluth	Out of State

## INDEX BY COUNTY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
133	169	St. Lukes Home Health Services	Duluth	Out of State
134	175	St. Marys Home Health	Duluth	Out of State
135	314	Dickinson Home Health	Iron Mountain	Out of State
136	1013	United Home Care	Iron River	Out of State
137	190	Caring Home Health	Ironwood	Out of State
138	207	Marquette General Home Health	Kingsford	Out of State
139	340	Hiawatha Homecare	Red Wing	Out of State
140	215	Red Wing Regional Home Health	Red Wing	Out of State
141	248	Interim Healthcare Rockford	Rockford	Out of State
142	211	Gentiva Health Services	Roseville	Out of State
143	286	Gentiva Health Services	Roseville	Out of State
144	260	Lakeview Hospital Homecare	Stillwater	Out of State
145	356	St. Elizabeth Home Health Care	Wabasha	Out of State
146	318	Winona Health Home Care	Winona	Out of State
147	257	Caregivers Home Health	Woodstock	Out of State

## INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
1	139	Moundview Memorial Hospital and Clinic	Adams	Adams
56	69	Langlade County Health Department	Antigo	Langlade
2	251	Bay Area Health, LLC	Ashland	Ashland
98	1015	Accura Home Health	Avalon	Rock
104	128	Heartland Home Health	Baldwin	St. Croix
92	92	Polk County Home Care Program	Balsam Lake	Polk
105	36	REM Health of Wisconsin	Baraboo	Sauk
106	102	Sauk County Health Department	Baraboo	Sauk
25	188	Hillside Home Health	Beaver Dam	Dodge
99	98	At Home Healthcare	Beloit	Rock
41	235	CHN Home Care	Berlin	Green Lake
43	219	Pine View Home Health	Black River Falls	Jackson
116	280	Heartland Home Health Care and Hospice	Brookfield	Waukesha
117	1022	LS Prof Comfort Homes	Brookfield	Waukesha
118	1009	Universal Pediatric Services	Brookfield	Waukesha
64	150	Horizon Home Care and Hospice	Brown Deer	Milwaukee
65	1032	Regal Home Health Services	Brown Deer	Milwaukee
12	42	Calumet County Health Department Home Health Agency	Chilton	Calumet
13	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
14	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
55	68	Lafayette County Nursing Agency	Darlington	Lafayette
42	60	Upland Hills Home Care	Dodgeville	Iowa
131	197	Mercy Home Care Dubuque	Dubuque	Out of State
132	284	Interim Healthcare Lake Superior	Duluth	Out of State
133	169	St. Lukes Home Health Services	Duluth	Out of State
134	175	St. Marys Home Health	Duluth	Out of State
89	90	Pepin County Nursing Service	Durand	Pepin
33	335	Lifenet	Eau Claire	Eau Claire
34	1010	Mission Home Health Lutheran Social Services	Eau Claire	Eau Claire
35	127	Northwest Wisconsin Homecare	Eau Claire	Eau Claire
100	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
90	91	Pierce County Home Care	Ellsworth	Pierce
36	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
37	55	St. Agnes Hospital Home Care Services	Fond du Lac	Fond du Lac
44	137	Fort Healthcare Home Health	Fort Atkinson	Jefferson
48	1035	The Caring Heart	Franksville	Kenosha
5	1008	Aurora VNA of Wisconsin	Green Bay	Brown
6	14	Bellin Home Health Agency	Green Bay	Brown
7	218	Heartland Home Health Care	Green Bay	Brown
8	154	Home Care Advantage	Green Bay	Brown
9	266	Interim Healthcare of Northeastern Wisconsin	Green Bay	Brown
10	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
119	170	Prohealth Home Care	Hartland	Waukesha
107	103	Sawyer County Health and Human Services	Hayward	Sawyer

## INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
135	314	Dickinson Home Health	Iron Mountain	Out of State
136	1013	United Home Care	Iron River	Out of State
137	190	Caring Home Health	Ironwood	Out of State
101	99	Mercy Assisted Care	Janesville	Rock
45	63	Jefferson County Health Department	Jefferson	Jefferson
49	65	Kenosha VNA	Kenosha	Kenosha
138	207	Marquette General Home Health	Kingsford	Out of State
51	1028	Caregivers La Crosse	La Crosse	La Crosse
52	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
53	1027	Gundersen Lutheran Medical Center	La Crosse	La Crosse
54	66	La Crosse County Health Department	La Crosse	La Crosse
102	295	Indianhead Home Health Care	Ladysmith	Rusk
103	100	Rusk County Department of Health and Human Services	Ladysmith	Rusk
111	125	Home Care Network	Lake Geneva	Walworth
38	57	Grant County Home Nursing Service	Lancaster	Grant
39	330	Homeward Bound Home Health	Lancaster	Grant
18	316	Catalyst, Inc.	Madison	Dane
19	176	Home Health United VNS	Madison	Dane
20	294	Independent Health Care	Madison	Dane
21	206	Interim Healthcare of Madison	Madison	Dane
22	222	Meriter Home Care Agency	Madison	Dane
57	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
58	1	Homecare Health Services	Manitowoc	Manitowoc
61	1005	Caregivers Home Health	Marinette	Marinette
62	256	Northland Lutheran HHS	Marinette	Marinette
130	182	Ministry Home Care Home Health - Marshfield	Marshfield	Wood
47	216	Hess Home Health	Mauston	Juneau
125	157	Preferred Home Health Care	Menasha	Winnebago
31	310	Aurora Community Health	Menomonie	Dunn
32	51	Dunn County Home Health Care	Menomonie	Dunn
23	252	University Hospital Home Health Agency	Middleton	Dane
66	326	Affiliated Home Health Care	Milwaukee	Milwaukee
67	81	Aurora Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
68	123	Barry Healthcare Services	Milwaukee	Milwaukee
69	179	Covenant Home Health and Hospice	Milwaukee	Milwaukee
70	147	Laabs Home Health Care	Milwaukee	Milwaukee
71	1029	Maxim Healthcare Services	Milwaukee	Milwaukee
72	23	Metro Home Health Services	Milwaukee	Milwaukee
73	309	Midamerica Healthcare Corporation WI	Milwaukee	Milwaukee
74	1023	Quality Assurance Home Health Services	Milwaukee	Milwaukee
75	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee
40	142	The Monroe Clinic Home Care	Monroe	Green
120	240	Hannah Home Health Care	Mukwonago	Waukesha
126	88	Thedacare At Home	Neenah	Winnebago

## INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
15	146	Memorial Hospital	Neillsville	Clark
121	247	Coram Alternate Site Services Inc.	New Berlin	Waukesha
122	1025	Oconomowoc Home Health Care LLC	Oconomowoc	Waukesha
127	144	Affinity Visiting Nurses	Oshkosh	Winnebago
128	214	Clarity Care	Oshkosh	Winnebago
129	17	Homemakers Inc of Oshkosh	Oshkosh	Winnebago
93	27	Community Health Resources	Park Falls	Price
94	202	Supportive Home Services	Park Falls	Price
95	238	Flambeau Home Health and Hospice	Phillips	Price
50	130	Alliance Home Care	Pleasant Prairie	Kenosha
88	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
16	328	Divine Savior Home Care	Portage	Columbia
17	46	Prairie du Chien Memorial Hospital Home Health Care	Prairie du Chien	Crawford
96	3	Gentiva Health Services	Racine	Racine
97	305	SAI Home Health Care	Racine	Racine
139	340	Hiawatha Homecare	Red Wing	Out of State
140	215	Red Wing Regional Home Health	Red Wing	Out of State
87	253	Ministry Home Care Home Health Rhinelander	Rhineland	Oneida
3	151	Lakeview Medical Center	Rice Lake	Barron
141	248	Interim Healthcare Rockford	Rockford	Out of State
142	211	Gentiva Health Services	Roseville	Out of State
143	286	Gentiva Health Services	Roseville	Out of State
108	124	St. Nicholas Hospital Home Health and Hospice	Sheboygan	Sheboygan
112	304	Hearts of Gold	Shell Lake	Washburn
113	324	Indianhead Medical Center Home Health Agency	Shell Lake	Washburn
76	225	Nursing Consultation & Care Management	Shorewood	Milwaukee
11	41	Burnett Co. Dept. of Health and Human Services	Siren	Burnett
85	83	Monroe County Health Department	Sparta	Monroe
114	208	Spooner Health Services Home Care	Spooner	Washburn
91	349	Spring Valley Home Health Services	Spring Valley	Pierce
144	260	Lakeview Hospital Homecare	Stillwater	Out of State
24	341	Stoughton Hospital Home Health United	Stoughton	Dane
28	187	Door County Memorial Home Health	Sturgeon Bay	Door
29	50	Douglas County Home Health Care Unit	Superior	Douglas
30	172	The Dove, Inc.	Superior	Douglas
86	1017	The Woodlands Home Health	Suring	Oconto
110	271	Vernon Memorial Hospital Home Health Care Agency	Viroqua	Vernon
145	356	St. Elizabeth Home Health Care	Wabasha	Out of State
4	11	Bayfield County Health Department	Washburn	Bayfield
46	135	KJM Home Health Care Agency	Watertown	Jefferson
26	134	Marquardt Memorial Manor	Watertown	Dodge
27	165	Watertown Memorial Hospital Home Health Program	Watertown	Dodge
123	220	Lutheran Social Services Home Care	Waukesha	Waukesha
124	24	REM Health of Wisconsin	Waupaca	Waupaca

## INDEX BY CITY

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
59	73	Aspirus VNA Home Health Inc.	Wausau	Marathon
60	277	Interim Healthcare	Wausau	Marathon
77	122	Anew Home Health Care	Wauwatosa	Milwaukee
78	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
79	278	Preferred Home Health Services	Wauwatosa	Milwaukee
80	306	ANS Home Health Services	West Allis	Milwaukee
81	1031	Aseracare Home Health	West Allis	Milwaukee
82	237	Gentiva Health Services	West Allis	Milwaukee
83	287	Gentiva Health Services	West Allis	Milwaukee
84	279	Professional Home Care Services	West Allis	Milwaukee
115	1024	Heartland Home Health Care and Hospice	West Bend	Washington
63	241	Northland Home Health	Westfield	Marquette
109	107	Trempealeau County Health Department	Whitehall	Trempealeau
146	318	Winona Health Home Care	Winona	Out of State
147	257	Caregivers Home Health	Woodstock	Out of State



## INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
80	306	ANS Home Health Services	West Allis	Milwaukee
98	1015	Accura Home Health	Avalon	Rock
66	326	Affiliated Home Health Care	Milwaukee	Milwaukee
127	144	Affinity Visiting Nurses	Oshkosh	Winnebago
50	130	Alliance Home Care	Pleasant Prairie	Kenosha
77	122	Anew Home Health Care	Wauwatosa	Milwaukee
81	1031	Aseracare Home Health	West Allis	Milwaukee
59	73	Aspirus VNA Home Health Inc.	Wausau	Marathon
99	98	At Home Healthcare	Beloit	Rock
31	310	Aurora Community Health	Menomonie	Dunn
5	1008	Aurora VNA of Wisconsin	Green Bay	Brown
67	81	Aurora Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
68	123	Barry Healthcare Services	Milwaukee	Milwaukee
2	251	Bay Area Health, LLC	Ashland	Ashland
4	11	Bayfield County Health Department	Washburn	Bayfield
6	14	Bellin Home Health Agency	Green Bay	Brown
11	41	Burnett Co. Dept. of Health and Human Services	Siren	Burnett
41	235	CHN Home Care	Berlin	Green Lake
12	42	Calumet County Health Department Home Health Agency	Chilton	Calumet
78	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
61	1005	Caregivers Home Health	Marinette	Marinette
147	257	Caregivers Home Health	Woodstock	Out of State
51	1028	Caregivers La Crosse	La Crosse	La Crosse
137	190	Caring Home Health	Ironwood	Out of State
18	316	Catalyst, Inc.	Madison	Dane
13	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
128	214	Clarity Care	Oshkosh	Winnebago
93	27	Community Health Resources	Park Falls	Price
121	247	Coram Alternate Site Services Inc.	New Berlin	Waukesha
69	179	Covenant Home Health and Hospice	Milwaukee	Milwaukee
135	314	Dickinson Home Health	Iron Mountain	Out of State
16	328	Divine Savior Home Care	Portage	Columbia
28	187	Door County Memorial Home Health	Sturgeon Bay	Door
29	50	Douglas County Home Health Care Unit	Superior	Douglas
32	51	Dunn County Home Health Care	Menomonie	Dunn
95	238	Flambeau Home Health and Hospice	Phillips	Price
36	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
44	137	Fort Healthcare Home Health	Fort Atkinson	Jefferson
52	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
96	3	Gentiva Health Services	Racine	Racine
142	211	Gentiva Health Services	Roseville	Out of State
143	286	Gentiva Health Services	Roseville	Out of State
82	237	Gentiva Health Services	West Allis	Milwaukee
83	287	Gentiva Health Services	West Allis	Milwaukee

## INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
38	57	Grant County Home Nursing Service	Lancaster	Grant
53	1027	Gundersen Lutheran Medical Center	La Crosse	La Crosse
120	240	Hannah Home Health Care	Mukwonago	Waukesha
104	128	Heartland Home Health	Baldwin	St. Croix
7	218	Heartland Home Health Care	Green Bay	Brown
116	280	Heartland Home Health Care and Hospice	Brookfield	Waukesha
115	1024	Heartland Home Health Care and Hospice	West Bend	Washington
112	304	Hearts of Gold	Shell Lake	Washburn
47	216	Hess Home Health	Mauston	Juneau
139	340	Hiawatha Homecare	Red Wing	Out of State
25	188	Hillside Home Health	Beaver Dam	Dodge
57	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
8	154	Home Care Advantage	Green Bay	Brown
111	125	Home Care Network	Lake Geneva	Walworth
19	176	Home Health United VNS	Madison	Dane
58	1	Homecare Health Services	Manitowoc	Manitowoc
129	17	Homemakers Inc of Oshkosh	Oshkosh	Winnebago
39	330	Homeward Bound Home Health	Lancaster	Grant
64	150	Horizon Home Care and Hospice	Brown Deer	Milwaukee
20	294	Independent Health Care	Madison	Dane
102	295	Indianhead Home Health Care	Ladysmith	Rusk
113	324	Indianhead Medical Center Home Health Agency	Shell Lake	Washburn
60	277	Interim Healthcare	Wausau	Marathon
132	284	Interim Healthcare Lake Superior	Duluth	Out of State
141	248	Interim Healthcare Rockford	Rockford	Out of State
21	206	Interim Healthcare of Madison	Madison	Dane
9	266	Interim Healthcare of Northeastern Wisconsin	Green Bay	Brown
45	63	Jefferson County Health Department	Jefferson	Jefferson
46	135	KJM Home Health Care Agency	Watertown	Jefferson
49	65	Kenosha VNA	Kenosha	Kenosha
117	1022	LS Prof Comfort Homes	Brookfield	Waukesha
54	66	La Crosse County Health Department	La Crosse	La Crosse
70	147	Laabs Home Health Care	Milwaukee	Milwaukee
55	68	Lafayette County Nursing Agency	Darlington	Lafayette
144	260	Lakeview Hospital Homecare	Stillwater	Out of State
3	151	Lakeview Medical Center	Rice Lake	Barron
56	69	Langlade County Health Department	Antigo	Langlade
33	335	Lifenet	Eau Claire	Eau Claire
123	220	Lutheran Social Services Home Care	Waukesha	Waukesha
26	134	Marquardt Memorial Manor	Watertown	Dodge
138	207	Marquette General Home Health	Kingsford	Out of State
71	1029	Maxim Healthcare Services	Milwaukee	Milwaukee
100	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
15	146	Memorial Hospital	Neillsville	Clark

## INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
101	99	Mercy Assisted Care	Janesville	Rock
131	197	Mercy Home Care Dubuque	Dubuque	Out of State
22	222	Meriter Home Care Agency	Madison	Dane
72	23	Metro Home Health Services	Milwaukee	Milwaukee
73	309	Midamerica Healthcare Corporation WI	Milwaukee	Milwaukee
130	182	Ministry Home Care Home Health - Marshfield	Marshfield	Wood
87	253	Ministry Home Care Home Health Rhinelander	Rhinelander	Oneida
34	1010	Mission Home Health Lutheran Social Services	Eau Claire	Eau Claire
85	83	Monroe County Health Department	Sparta	Monroe
1	139	Moundview Memorial Hospital and Clinic	Adams	Adams
63	241	Northland Home Health	Westfield	Marquette
62	256	Northland Lutheran HHS	Marinette	Marinette
35	127	Northwest Wisconsin Homecare	Eau Claire	Eau Claire
76	225	Nursing Consultation & Care Management	Shorewood	Milwaukee
122	1025	Oconomowoc Home Health Care LLC	Oconomowoc	Waukesha
88	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
89	90	Pepin County Nursing Service	Durand	Pepin
90	91	Pierce County Home Care	Ellsworth	Pierce
43	219	Pine View Home Health	Black River Falls	Jackson
92	92	Polk County Home Care Program	Balsam Lake	Polk
17	46	Prairie du Chien Memorial Hospital Home Health Care	Prairie du Chien	Crawford
125	157	Preferred Home Health Care	Menasha	Winnebago
79	278	Preferred Home Health Services	Wauwatosa	Milwaukee
84	279	Professional Home Care Services	West Allis	Milwaukee
119	170	Prohealth Home Care	Hartland	Waukesha
74	1023	Quality Assurance Home Health Services	Milwaukee	Milwaukee
105	36	REM Health of Wisconsin	Baraboo	Sauk
124	24	REM Health of Wisconsin	Waupaca	Waupaca
140	215	Red Wing Regional Home Health	Red Wing	Out of State
65	1032	Regal Home Health Services	Brown Deer	Milwaukee
103	100	Rusk County Department of Health and Human Services	Ladysmith	Rusk
97	305	SAI Home Health Care	Racine	Racine
106	102	Sauk County Health Department	Baraboo	Sauk
107	103	Sawyer County Health and Human Services	Hayward	Sawyer
114	208	Spooner Health Services Home Care	Spooner	Washburn
91	349	Spring Valley Home Health Services	Spring Valley	Pierce
37	55	St. Agnes Hospital Home Care Services	Fond du Lac	Fond du Lac
145	356	St. Elizabeth Home Health Care	Wabasha	Out of State
14	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
133	169	St. Lukes Home Health Services	Duluth	Out of State
134	175	St. Marys Home Health	Duluth	Out of State
108	124	St. Nicholas Hospital Home Health and Hospice	Sheboygan	Sheboygan
10	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
24	341	Stoughton Hospital Home Health United	Stoughton	Dane

## INDEX BY NAME

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
94	202	Supportive Home Services	Park Falls	Price
48	1035	The Caring Heart	Franksville	Kenosha
30	172	The Dove, Inc.	Superior	Douglas
40	142	The Monroe Clinic Home Care	Monroe	Green
86	1017	The Woodlands Home Health	Suring	Oconto
126	88	Thedacare At Home	Neenah	Winnebago
109	107	Trempealeau County Health Department	Whitehall	Trempealeau
136	1013	United Home Care	Iron River	Out of State
118	1009	Universal Pediatric Services	Brookfield	Waukesha
23	252	University Hospital Home Health Agency	Middleton	Dane
42	60	Upland Hills Home Care	Dodgeville	Iowa
110	271	Vernon Memorial Hospital Home Health Care Agency	Viroqua	Vernon
27	165	Watertown Memorial Hospital Home Health Program	Watertown	Dodge
146	318	Winona Health Home Care	Winona	Out of State
75	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee

## INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
58	1	Homecare Health Services	Manitowoc	Manitowoc
96	3	Gentiva Health Services	Racine	Racine
4	11	Bayfield County Health Department	Washburn	Bayfield
6	14	Bellin Home Health Agency	Green Bay	Brown
129	17	Homemakers Inc of Oshkosh	Oshkosh	Winnebago
72	23	Metro Home Health Services	Milwaukee	Milwaukee
124	24	REM Health of Wisconsin	Waupaca	Waupaca
93	27	Community Health Resources	Park Falls	Price
10	35	St. Vincent Hospital Home Health Care	Green Bay	Brown
105	36	REM Health of Wisconsin	Baraboo	Sauk
11	41	Burnett Co. Dept. of Health and Human Services	Siren	Burnett
12	42	Calumet County Health Department Home Health Agency	Chilton	Calumet
13	43	Chippewa County Department of Public Health	Chippewa Falls	Chippewa
17	46	Prairie du Chien Memorial Hospital Home Health Care	Prairie du Chien	Crawford
29	50	Douglas County Home Health Care Unit	Superior	Douglas
32	51	Dunn County Home Health Care	Menomonie	Dunn
36	54	Fond du Lac County Home Health Service	Fond du Lac	Fond du Lac
37	55	St. Agnes Hospital Home Care Services	Fond du Lac	Fond du Lac
38	57	Grant County Home Nursing Service	Lancaster	Grant
42	60	Upland Hills Home Care	Dodgeville	Iowa
45	63	Jefferson County Health Department	Jefferson	Jefferson
49	65	Kenosha VNA	Kenosha	Kenosha
54	66	La Crosse County Health Department	La Crosse	La Crosse
55	68	Lafayette County Nursing Agency	Darlington	Lafayette
56	69	Langlade County Health Department	Antigo	Langlade
59	73	Aspirus VNA Home Health Inc.	Wausau	Marathon
67	81	Aurora Visiting Nurse Association of Wisconsin	Milwaukee	Milwaukee
85	83	Monroe County Health Department	Sparta	Monroe
126	88	Thedacare At Home	Neenah	Winnebago
88	89	Ozaukee County Public Health Department	Port Washington	Ozaukee
89	90	Pepin County Nursing Service	Durand	Pepin
90	91	Pierce County Home Care	Ellsworth	Pierce
92	92	Polk County Home Care Program	Balsam Lake	Polk
99	98	At Home Healthcare	Beloit	Rock
101	99	Mercy Assisted Care	Janesville	Rock
103	100	Rusk County Department of Health and Human Services	Ladysmith	Rusk
106	102	Sauk County Health Department	Baraboo	Sauk
107	103	Sawyer County Health and Human Services	Hayward	Sawyer
109	107	Trempealeau County Health Department	Whitehall	Trempealeau
77	122	Anew Home Health Care	Wauwatosa	Milwaukee
68	123	Barry Healthcare Services	Milwaukee	Milwaukee
108	124	St. Nicholas Hospital Home Health and Hospice	Sheboygan	Sheboygan
111	125	Home Care Network	Lake Geneva	Walworth
35	127	Northwest Wisconsin Homecare	Eau Claire	Eau Claire

## INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
104	128	Heartland Home Health	Baldwin	St. Croix
50	130	Alliance Home Care	Pleasant Prairie	Kenosha
26	134	Marquardt Memorial Manor	Watertown	Dodge
46	135	KJM Home Health Care Agency	Watertown	Jefferson
44	137	Fort Healthcare Home Health	Fort Atkinson	Jefferson
1	139	Moundview Memorial Hospital and Clinic	Adams	Adams
52	141	Franciscan Skemp Medical Center HHS	La Crosse	La Crosse
40	142	The Monroe Clinic Home Care	Monroe	Green
57	143	Holy Family Memorial Home Care	Manitowoc	Manitowoc
127	144	Affinity Visiting Nurses	Oshkosh	Winnebago
15	146	Memorial Hospital	Neillsville	Clark
70	147	Laabs Home Health Care	Milwaukee	Milwaukee
78	148	Camillus Cares Home Health	Wauwatosa	Milwaukee
64	150	Horizon Home Care and Hospice	Brown Deer	Milwaukee
3	151	Lakeview Medical Center	Rice Lake	Barron
8	154	Home Care Advantage	Green Bay	Brown
125	157	Preferred Home Health Care	Menasha	Winnebago
14	158	St. Joseph's Hospital Home Health Agency	Chippewa Falls	Chippewa
100	159	Memorial Community Hospital Home Health Agency	Edgerton	Rock
27	165	Watertown Memorial Hospital Home Health Program	Watertown	Dodge
133	169	St. Lukes Home Health Services	Duluth	Out of State
119	170	Prohealth Home Care	Hartland	Waukesha
30	172	The Dove, Inc.	Superior	Douglas
134	175	St. Marys Home Health	Duluth	Out of State
19	176	Home Health United VNS	Madison	Dane
69	179	Covenant Home Health and Hospice	Milwaukee	Milwaukee
130	182	Ministry Home Care Home Health - Marshfield	Marshfield	Wood
28	187	Door County Memorial Home Health	Sturgeon Bay	Door
25	188	Hillside Home Health	Beaver Dam	Dodge
137	190	Caring Home Health	Ironwood	Out of State
131	197	Mercy Home Care Dubuque	Dubuque	Out of State
94	202	Supportive Home Services	Park Falls	Price
21	206	Interim Healthcare of Madison	Madison	Dane
138	207	Marquette General Home Health	Kingsford	Out of State
114	208	Spooner Health Services Home Care	Spooner	Washburn
142	211	Gentiva Health Services	Roseville	Out of State
128	214	Clarity Care	Oshkosh	Winnebago
140	215	Red Wing Regional Home Health	Red Wing	Out of State
47	216	Hess Home Health	Mauston	Juneau
7	218	Heartland Home Health Care	Green Bay	Brown
43	219	Pine View Home Health	Black River Falls	Jackson
123	220	Lutheran Social Services Home Care	Waukesha	Waukesha
22	222	Meriter Home Care Agency	Madison	Dane
76	225	Nursing Consultation & Care Management	Shorewood	Milwaukee

## INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
41	235	CHN Home Care	Berlin	Green Lake
82	237	Gentiva Health Services	West Allis	Milwaukee
95	238	Flambeau Home Health and Hospice	Phillips	Price
120	240	Hannah Home Health Care	Mukwonago	Waukesha
63	241	Northland Home Health	Westfield	Marquette
121	247	Coram Alternate Site Services Inc.	New Berlin	Waukesha
141	248	Interim Healthcare Rockford	Rockford	Out of State
2	251	Bay Area Health, LLC	Ashland	Ashland
23	252	University Hospital Home Health Agency	Middleton	Dane
87	253	Ministry Home Care Home Health Rhinelander	Rhinelander	Oneida
62	256	Northland Lutheran HHS	Marinette	Marinette
147	257	Caregivers Home Health	Woodstock	Out of State
144	260	Lakeview Hospital Homecare	Stillwater	Out of State
9	266	Interim Healthcare of Northeastern Wisconsin	Green Bay	Brown
110	271	Vernon Memorial Hospital Home Health Care Agency	Viroqua	Vernon
60	277	Interim Healthcare	Wausau	Marathon
79	278	Preferred Home Health Services	Wauwatosa	Milwaukee
84	279	Professional Home Care Services	West Allis	Milwaukee
116	280	Heartland Home Health Care and Hospice	Brookfield	Waukesha
132	284	Interim Healthcare Lake Superior	Duluth	Out of State
143	286	Gentiva Health Services	Roseville	Out of State
83	287	Gentiva Health Services	West Allis	Milwaukee
20	294	Independent Health Care	Madison	Dane
102	295	Indianhead Home Health Care	Ladysmith	Rusk
112	304	Hearts of Gold	Shell Lake	Washburn
97	305	SAI Home Health Care	Racine	Racine
80	306	ANS Home Health Services	West Allis	Milwaukee
73	309	Midamerica Healthcare Corporation WI	Milwaukee	Milwaukee
31	310	Aurora Community Health	Menomonie	Dunn
75	312	"Your Nurse" Home Health Care	Milwaukee	Milwaukee
135	314	Dickinson Home Health	Iron Mountain	Out of State
18	316	Catalyst, Inc.	Madison	Dane
146	318	Winona Health Home Care	Winona	Out of State
113	324	Indianhead Medical Center Home Health Agency	Shell Lake	Washburn
66	326	Affiliated Home Health Care	Milwaukee	Milwaukee
16	328	Divine Savior Home Care	Portage	Columbia
39	330	Homeward Bound Home Health	Lancaster	Grant
33	335	Lifenet	Eau Claire	Eau Claire
139	340	Hiaawatha Homecare	Red Wing	Out of State
24	341	Stoughton Hospital Home Health United	Stoughton	Dane
91	349	Spring Valley Home Health Services	Spring Valley	Pierce
145	356	St. Elizabeth Home Health Care	Wabasha	Out of State
61	1005	Caregivers Home Health	Marinette	Marinette
5	1008	Aurora VNA of Wisconsin	Green Bay	Brown

## INDEX BY LICENSE NUMBER

PAGE	LICENSE	AGENCY NAME	CITY	COUNTY
118	1009	Universal Pediatric Services	Brookfield	Waukesha
34	1010	Mission Home Health Lutheran Social Services	Eau Claire	Eau Claire
136	1013	United Home Care	Iron River	Out of State
98	1015	Accura Home Health	Avalon	Rock
86	1017	The Woodlands Home Health	Suring	Oconto
117	1022	LS Prof Comfort Homes	Brookfield	Waukesha
74	1023	Quality Assurance Home Health Services	Milwaukee	Milwaukee
115	1024	Heartland Home Health Care and Hospice	West Bend	Washington
122	1025	Oconomowoc Home Health Care LLC	Oconomowoc	Waukesha
53	1027	Gundersen Lutheran Medical Center	La Crosse	La Crosse
51	1028	Caregivers La Crosse	La Crosse	La Crosse
71	1029	Maxim Healthcare Services	Milwaukee	Milwaukee
81	1031	Aseracare Home Health	West Allis	Milwaukee
65	1032	Regal Home Health Services	Brown Deer	Milwaukee
48	1035	The Caring Heart	Franksville	Kenosha